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0 1 050 00 0	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	3 600	3 5 3 1 2
0 1 057 58 1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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er de	3. SE		. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY) IF UNDER LYEAR IF UNDER 24 HRS
4 95		female	White	2 16 18	95 92	YRS.
2 12 11		IRTHPLACE (STATE OR FOREIGN	b. CITIZEN OF WHAT COUNTRY?	8.	_ 9 BALTIMORE CITY O	DR COUNTY OF DEATH
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2 2 2			1. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPAT	
1 19 600	-	wre de grau	Harford Mem	iorial Hospital	Housewi	
100	M.	at residence ( Ursing Country Land	11 Gonowin	'N 13d. INSIDE CITY LIM	130 STREET ADDRESS 373 Conc	wingo Road 21918
1 10/10	PIE	ATHER'S NAME	ADOLE LAST	15. MOTHER'S MAID		• 1AS1
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and the		WAS DECEASED EVER IN U.S. ARA			APDR	0. 2011
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jures that the death signed by the artend han please remove co o burial, crembilian, a jury, or other troumal	,	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OPA) A CONSEQUE  (c)  ONDITIONS CONTRIBUTED TO	ENCE OF	E TERMINAL DISEASE OR CON	ADITION GIVEN IN PART 110
Par par	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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A STATE OF		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	AY YEAR 19		
G PHYS otherding er this co t the bus and Aer	MEDICAL	214 INJURY OCCURRED  WORK NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	211 LOCATION	CITY OR TO	OWN COUNTY STATE
A A STATE OF		220.1 certify that (1) (this haspite	al) attended the deceased fram_	12/10 , 19_	87_, to	, 19, that (1) (we) last
Part of the part o		saw the deceased alive an above, (1) (we) (did) (did not	19	, and that in (my) (aur) a	pinian death accurred on the c	date and haur and fram the causes stated
TAL OR A y the host eat DIREC detected tote Dept.		22b. SIGNATURE	T Tue		ING MEDICAL STA	AFF CIAN
etained by the following the State with the State w	L	224. PHYSICIAN'S NAM	T. Lee	22e ADDRESS	Med Clin	Ve Harre do Grace
62 - 8 - 2	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA	CITY OR TOWN	COUNTY STATE
BP		Burial	12-26-87 C	onowingo Bapt	ist Conowi	ngo Cecilande
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	uneral director R.T. Foard Fu	ADDRRi	sing Sun MD	DEC 2 8 1987	R250 REGISTRAR'S SIGNATURE
	-		The state of the s			

STATE OF MARYLAND

Parks, tool as of territory and the property of the parks.

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN OF KEVIN Richard DEATH MATED A HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE TEM IB. GIVE PAGES 1, 2, AND 3 TO THE FUNKRAL DIRECTORK CONG. WITH FORM PM. 3, RETAIN PAGE. 5 FOR YOUR FILES. PERMIT, PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS SIENE, DIVISION DEWLYAIR RECORDS, 201 W; PRESTON, STREET I ALLEN 4. RACE DATE OF BIRTH 6 AGE (IN YEARS 2d HOUR IF UNDER 24 HRS. 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED 7:27 26/1960 DEAD Male Cau 19 TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Harford County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Mechanic Auto Havre de Grace Harford Memorial Hospital 13d. INSIDE CITY LIMITS? Aberdeen Harford Osborn Road 21001 Maryland YES IA FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Ehmling William Richard Joan Kay DIVISION OF VITAL RECORDS, 201, W. PRESTON ST., SALTIMORE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 215-78-2609 William R. Allen No Bel Air, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH N. 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL'IN ITEM 18. BORG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-IRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DARTENDER, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Corrosive ingestion IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 21g EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR 12-22-1987 Subject ingested drain cleaner. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211 LOCATION 21d INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STATE 125 Osborn Rd., Aberdeen, Harford home MD 22a I certify that I took charge of the remains described above, held an X death resulted fram: A Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL AEDICAL EXAMINER 12-23-87 Deputy Chi SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY STATE 12/24/87 Parkwood Baltimore Cemetery Md. 07/84 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Jarrettsville, Md. DEC Gladden Kurtz (VR A15 ME (5))

STATE OF MARYLAND

0173,2445,6110 Rule Com. 6/26/1960 27 . A.E. U bakiyish otta common of 10013 hand nucest cal x nother need and brottell bestyred 15-78- out Williams R. . Lieft Bot Acr. 181. . oll IL. Chadden party Demostroville, in, Natural Mil

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BALTIMORE, MD. 2120	ANDER	7	Maryland	Hari	ord	ise citt ok towid		ES NO A	13. SIREEI AD	Hunt R	d. Fal	lston 2	1047
WD.	H. 22.	) JAF	ATHER'S NAME		MIDDLE	LAST	15.	MOTHER'S MAIDE		MIDDLE		LAST	
er m	PAN	4	Jerome			Beach		Jean	ne	M.		Gottsch	alk
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NIS N	WRITING WRITING ARDED AGE 3 SH ATE DEP	AED A	21d. INJURY OCCU	RRED	STREET SACTO	FINJURY (AT HOME, DRY, FARM, ETC.)	211. LOCAT		CNY-0	R TOWN _	- COUN	VY ~	STATE
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	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BATTMORE, MARYLAND, 2120	23e E	URIAL, CREMATION,	REMOVAL 236	DATE	23c. NAME OF CEM	ETERY OR C	REMATORY	23d LOCATIO	N	COUNT	57.	ATE
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25M	DHMH - 17	24 F	UNERAL DIRECTOR		ADDRESS	11750 Belv	AIR R	250. DATE R	REC'D. BY REGIS	TRAR 256 REC	SIGPRAR'S SIC	CANK COL	,
	(VR A15 ME (5))	E,	F. LassAh	H tune	tal Hame	Kingsville	, Md.	210 8950	2 9 198	1		,	

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN OR PRINT) ESTI Dennis 11/30/19 Lee DEATH MATED X Bergin. 87 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY PRONOUNCED 2/19 878:50 Male Cauc. BIRTHPLACE (STATE O 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Harford County, DIVORCED X Maryland

D. CITY OF TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS Belcamp Caldwell Court N. Y Contract Specialist (Gov't) SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN 1229 Caldwell Ct.N., 21017 Harford Belcamp Maryland 15. MOTHER'S MAIDEN NAME Estelle Greif Dennis Bergir 17. INFORMANT 1503 Cedar WOOd Dr. Belair, Md. IYES, NO, OR UNKNOWN) 216-30-9404 John F. Bergin, Brother, 21014 Chronic Alcoholism Complicated APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) By Left Hip Fracture DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSI Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CERTIFICATE SHOULD 62. LITING THE WORD "FENDING" DED TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BE EDEPARTMENT OF HEALTH A ENDEARTMENT OF HEALTH A ENDEARTMENT OF MEDICAL CREMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 11/30/1087 subject fell TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING 1 PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BALLIMORE, MARXAND, 21201 PRIO 21e PLACE OF INJURY LATHOME 21F LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC. WHILE NOT WHILE TO 1229 Caldwell Ct., Belcamp, Harford, Md. home 220. I certify that I took charge of the remains described obave, held an and in my apinian Hamicide Undetermined monner death resulted from: Natural causes TITLE (SPECIFY) ACTUAL ME Deputy Chiaforal EXAMINER 12/4/87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Sacred Heart of Jesus, Balto, Md.

Relair Rd | 1250 DATE REC'D. BY REGISTRAR | 1250 REGISTRAR'S SIGNATURE 12/5/87 Burial 07/84 24. FUNERAL DIRECTOR 97.05 Belair Rd **DHAH - 17** FUNERAL HOME, Balto, Md. 21236 DEC - 8 1987 (VR A15 ME (5))

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

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to page 3

7e. BIRTHP COUNT IO CITY OF

23a BURIAL, CREMATION, REMOVAL

Burial

					STATI	OF MARYLAND				
1 -	FOR STATE			DEPARTM		EALTH AND MENTAL HYO			A- I	R
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	OR PRINTS		(	A .	BE	TZ	20 DATE OF DEATH	2/26/	187	26 HOUR
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7a. BI	RTHPLACE (STATE OR F	OREIGN 76		VHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY			
	Maryland		USA		WIDOWE	D DIVORCED	Harford			MD.
	ty or town of DEA Harford	TH 1		OSPITAL, NURSING FACILITY, GIVE STREET A		ospital	120 USUAL OCCUPAT LITYPE OF WORK FOR MOST Retired-		126 KIND OF INDUSTRY Steel	BUSINESSOR
	AL RESIDENCE (IF NURSI	NG HOME OF O				136 INSIDE CITY LIMITS?	112. CTDEET ADDRESS	/ ZID CODE		
154	Md.	Har	ford	Jarretts	sville	PYES   NO	3710 Rush	Road	21084	
14 FA	THER'S NAME	MI	DOLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
	Louis		F.	Betz		Alice			Dust	
	VAS DECEASED EVER		ED FORCES? VAR OR DATES)	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	RESS		
	yes	WI	1	218-12-8	3539	Margaret Be	tz 3710 Rus	h Road	21084	
	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	AS CAUSED  IMMEDIATE  which rediate g the	BY: CAUSE (o)  DUE TO, OF	AAA CONSEQUE	NCE OF	dut for	Lanction Linear	•	BETWEEN OF	väte interval Miset and Death
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			yens	1 19 9	1'	nd that in (my) ( appinion	death accurred on the c	date and hour	and from the co	
	226. SIGNATUR	off	1 The	len m	)	ATTENDING PHYSICIAN [	DOIRECTOR PHYS		12/2	8/87
	Dr. R.						enRing Road			

230 NAME OF CEMETERY OR CREMATORY

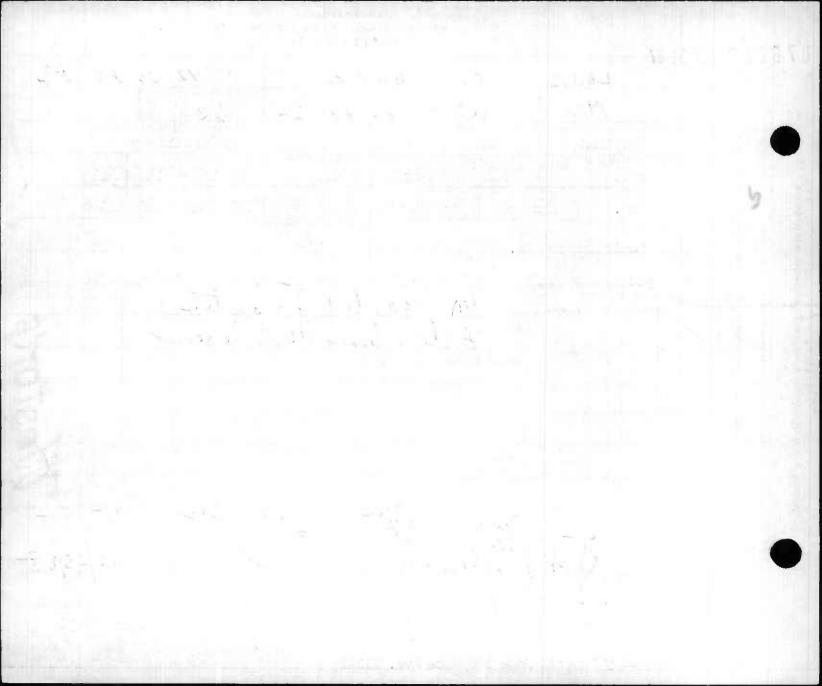
Zion Cemetery

24 FUNERAL DIRECTOR Connelly Funeral Home 300 Mace Ave. 21221 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Dividen Budals 30

Baltimore Maryland

23d LOCATION

12/29/87



0736

led in by the funeral director, page 3 ald be filed within 72 haurs after death

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					STATE	OF MARYLAND				
1	FOR STATE			DEPART	MENT OF H	EALTH AND MENTAL HY	GIENE			
2	REGISTRAR				CERTIF	ICATE OF DEATH	8	7 REG. NO.	5 8	1 9
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	saw the decease abave, (I) (we) (d		iew the body o	ifter death.	8 ( an	d that in (my) (aur) opinio	n death occu	urred on the date and	d hour and fram t	the causes stated
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	226 PHYSICIAN'S NA	KME (TYPE OR PE	INT			22e. ADDRESS		110	-	1
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23o. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LC	DCATION	7 /	· · · · · · · · · · · · · · · · · · ·

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attendit should be detached for use as the burial-transit permit. Then please remaye carravet the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar

injury, or other

MPORTANT: If Hem 21 is marked as Hem

(SPECIFY) Burial 12-1-1987 St. John'sC.Ch.Cem.

ong. Green

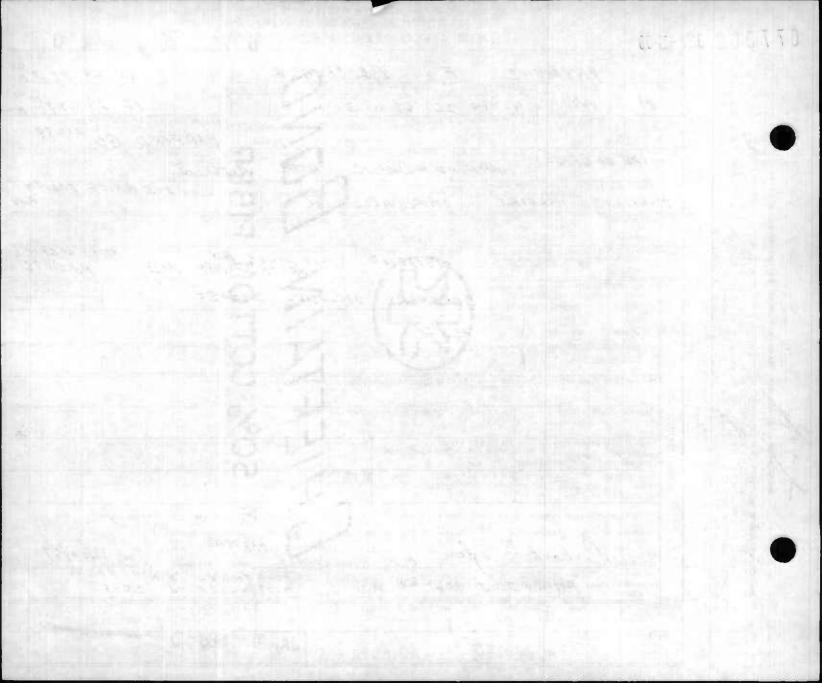
Balto. Md.

24 FUNERAL DIRECTOR
E.F.LassahnF.H.11750BelairRd.Kingsville,Md.21087 250 DATE REC'D. REGISTRAR 256. REGISTRAR'S SIGNATURE

1 1987 Lie Dender Parlette

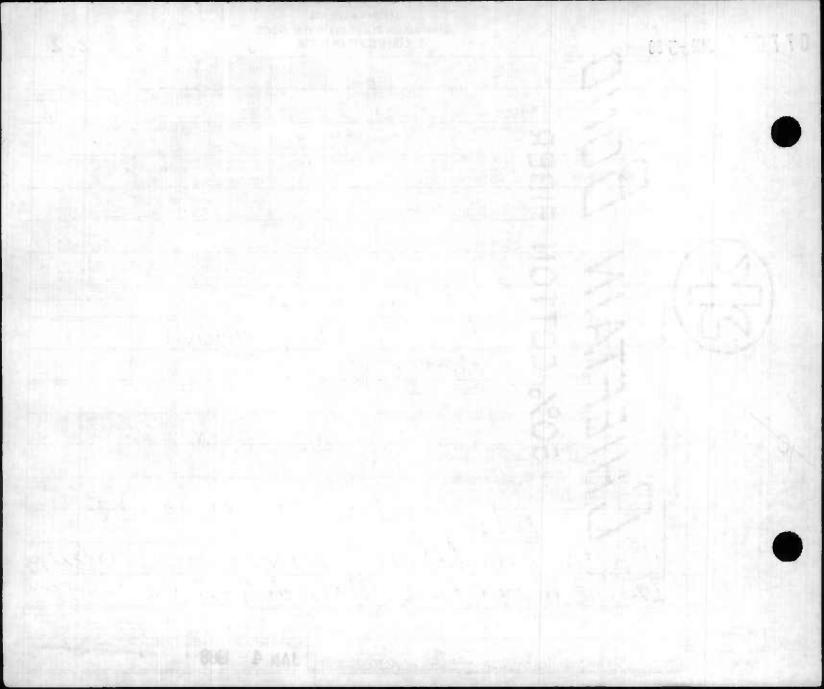
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 077069 JAN 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-OUR FILES. 72 HOURS NO STREET, RAYMOND DEATH MATED 3 SEX IF UNDER 24 HRS DIRECT OUR FI 2c. DATE LAST BIRTHDAYL PRONOUNCED 20 67 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Mass. 21078 DIVORCED HAVRE LE GRACE 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
HARFORD MEMORIAL FOR MOST OF WORKING LIFE) USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e STREET ADDRESS 205 WHITE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND MARFORD CHURCHVILLE YES NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE MIDDLE LAST Blackmer Lewis Margaretta Lerov In WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS HAVRE decarner 017128160 JOAR HINES HOJP WW 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH OCCLUSIVE PART I DEATH WAS CAUSED BY CORONARY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF ASH P Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Inspection 🔀 ond in my opinion Accident Hamicide \_\_\_ Natural causes Suicide Undetermined manner TITLE (SPECIFY) HAR FORD MD COUNTY J. COLFER 21034 DARLING TON, Md 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Harford Burial Aberdeen Harford Mem. Gardens 1/2/88 07/84 250 BATE RETO. BY 958 PRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399 (VR A15 ME (5))



STATE	OF M	ARYLAND	ì
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		1-1	FOR	DEP	ARTMENT OF HEALTH AND MENTAL HY	GIENE	
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3 0	1: 111 6	4	Mary Cod Co			YES NO TO	YES NO
- XC	1 2 2 2 2 2 2	2 8	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART   OR PART 2)
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## STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

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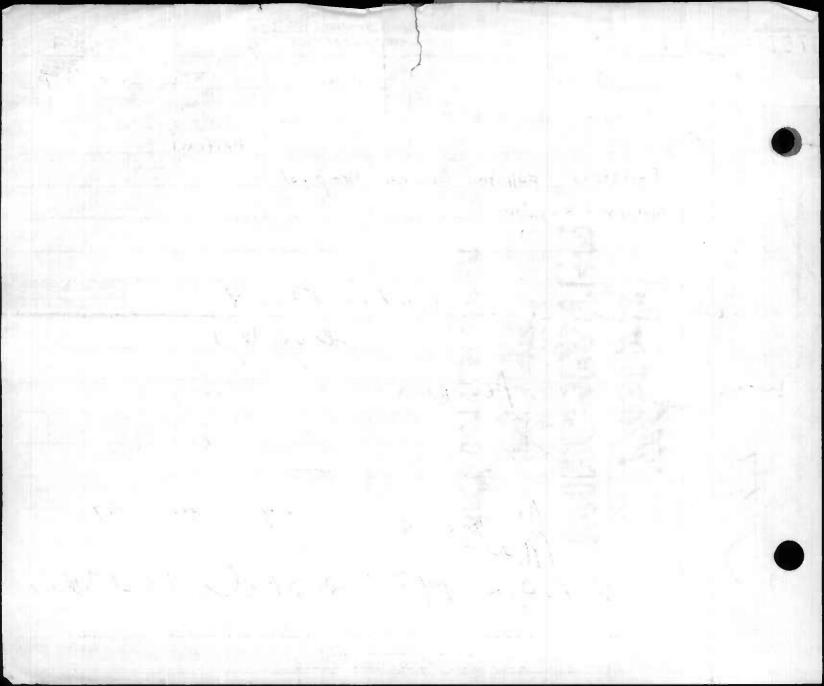
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Page 12	10	ES, NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES!	L-0842 Catherine	M. Braun, wif	
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t OR AT the hosp toched toched a Dept.		above [1] [we] [did [did dif]] 775. SIGNATURE	the bodyletter degth.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIA	22¢ DATE SIGNED
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54 54134		URIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
RP.			Dog 20 1007	Cardons of Fait	h Baltimore	Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR 9705 Belair Road SCHIMUNEK FUNERAL HOME, Balto, Md. 21236



STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	REG.	No.	5	3	Tion 1	5
DATE OF	DEATH	MON	HIP	DAY	YEAR	7h H

I. DECEASE		FIRST	A	AIDDLE	1.	AST	20. DATE OF DEATH	MONTH DAY	-	HOUR
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3. SEX			RACE	~ 200	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR		RIYEAR IF	UP DER 24
					MONTH			MONTHS	DAYS HO	OURS I
	ACE (STATE OF		WHIT		SEPTE	MBER 28, 1923	9. BALTIMORE CITY O	YRS.	ATM	
COUNTRY		FOREIGN /	b. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	7. BALTIMORE CITY O	K COUNTY OF DE	AID	
MARY	LANO			USA	WIDOWE		Marton			
IO. CITY OR	TOWN OF DE	ATH 1		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a. USUAL OCCUPATE		KIND OF BI	USINES!
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USUAL RES	IDENCE IF NUE			GIVE RESIDENCE BEFORE		100 317 110				
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I4. FATHER'S		THARF UP	10	HAVRE UE G	NACE	15. MOTHER'S MAIDEN NA		LANE UR API	40 .	210/8
	FIRST	M	IDDLE	LAST:		FIRST	MIDDLE		LAST	
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18.04	ALISE OF DEA	TH (Enter only	one couse per	line for (a), (b), and	liei i	4 .	, ,		APPROXIMAT BETWEEN ONS	
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ADDRESS

MITCHELL-SMITH FUNERAL HOME PA, HAVRE de GRACE, MO 21078

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and eshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. completely filled in by the funeral director, page 3 i load 2 should be filed within 72 hours ofter death

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requires that the death certificate be executed within 24 hours after death. Page 4

FOR

STATE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OF PRINT) 10 87 Graydon DEATH MATED XX 12-12 Brown R. 4. RACE DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY DAY PRONOUNCED Oct. 14.53 34 YRS 19 87 white male W BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Harford County, DIVORCED 18. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Abingdon Carpenter Kennington Pkwy SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 136 Kennington Pkwy 21009 113b. COUNTY 1136 CITY OR TOWN Abingdon Harford MD A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Graydon Cleona Brown Miller 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO, OR UNKNOWN) 213-58-1825 136 Kennington Pkwy no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W

FOR **CHUREAL DIRECTOR**: PAGE 3 SHOULD BE USED AS A BURIAL. FRANSIT PERMIT.

AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of Chest (Handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 1 210 EXTERNAL CAUSE WAS TIME OF INJURY EST. 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 1987 subject shot himself TIE PLACE OF INJURY (ATHOME IL LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 136 Kensington Pkwy., Abingdon, Harford Co., WHILE AT WORK Home 220 I certify that I took charge at the remains described obave, held an Inspection Suicide XX Hamicide Undetermined monner death resulted from Natural causes Accident TITLE (SPECIFY) DATE 12-14-87 Mn Assistant SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr. M.D. 111 Penn St., Balto., Md. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Harford Co. Burial 12-16-87 Mt. Zion Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH** - 17 Leonard J. Ruck, Inc. 5305 Harford Rd. 21214 DEC. 1 (VR A15 ME (5))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GOECH SED NAME SES ISTRAR 20 DATE KNOWN X (TYPE OR PRINT) OF ESTI-Andrew HECTOR. UR FILES. HOURS STREET, MERCER Bristow DEATH MATED 1987 ам 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR 2c DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED , 87 6 W 4/ 27/ DEAD 17 70 YRS aM 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED LTIMORI Harford USA DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Fallston Fallston General Hospital (RET) CIVIL ENGINEER UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MD Harford Bel Air 615 Hickory Ave 21014 YES NO [ FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST MERCER **LEONARD** BRISTOW **EVELYN** IRENE FRANTZ 166 SOCIAL SECURITY NO. 17 INFÖRMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES WW II MRS MARY R. BRISTOW SAME AS #13e 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PENDING" IN PENCIL IN ITEM 18
MEDICAL EXAMINER ALONG
AS A BURIAL - TRANSIT PERMI
EATH AND MENTAL HYGIENE
CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: OROWARY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which SCUD gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PENDING" PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATOR PAGE 3 SHOULD BE USED AS A FAFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BAJILIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK Inspection X 22a I certify that I taak charge of the remains described above, held on and in my opinion X Accident Homicide \_\_\_ death resulted fram Natural causes Suicide Undetermined manner TITLE (SPECIFY) 11/23/87 SIGNATURE SIGNED. EXAMINER'S NAME (TYPE OR PRINT) Renie1 Alliance St. Luis ADDRESS 464 HavreDeGrace MD 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE CREMATION 24NOVEMBER87 R. A. FERRIS + COMPANY WEST CHESTER. 07/84 BP PA 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** MITCHELL-SMITH FUNERAL HOME PA, HAVRE de GRACE. MD 21078 (VR A15 ME (5))

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FOR

3. SEX

STATE

Maryland

Maryland 14 FATHER'S NAME Robert

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CERTIFICATION

MEDICAL

HAVRE

REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

Female To. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OT 13a STATE 13b COUNTY

16g WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN)

18 CAUSE OF DEATH (Enter only

Canditions, if any, which gave rise to immediate cause (a), stating the

cause

PART 2. OTHER SIGNIFICANT CO

MITHANI

PART I. DEATH WAS CAUSED

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(this basnit	tal) attended the		12	FUI	10 87	40	12-1	X	10 8 /	that (I) /we	e) lost

19a DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED NOT WHILE

22a 1 certify that (I) (this hospital sow the deceased alive on and that in (my) (qua) apinian death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 226 SIGNATURE DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF MD. DIRECTOR PHYSICIAN MJ 21078 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS

. UNION AVE. HAVREDE GRACE

230 BURIAL, CREMATION, REMOVAL 73b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Trinity Episcopal Cem Buria] Dec.11.1987

23d LOCATION CITY OR TOWN COUNTY

STATE Iong Green Balto.

By REGISTRAR 25% REGISTRAR'S SIGNATURE Md

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

Julia Naindran Randall

DHMH - 16 50M 1/81 (VRA 15, 4)

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		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT		ADDRESS 7	614 Prin	ndle Dr.
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1		C In II	DUE TO, OR AS A	ONSEQUENCE OF	DOTERVI	KMB	045 m	5	3400
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		cause (a), stating the underlying cause last		ONSEQUENCE OF	SIVECALI	18 VASC	CULAR DS	GASK /	OYRS
	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIB	ITING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION	GIVEN IN PART	Bown
	5	Lo 1419	PARE	5/5 00	TO CRAMI	200 AUTO	(PC) /13< V	YES, WERE FIND	17.00000
2	CERTIFICATION	190 DATE OF OPERATION	14P CONDITION H	OR WHICH OPERATIO	N WAS PERFORMED	YES I	NOTE IN CE	RTIFYING CAUSE	S OF DEATH?
1	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	RRED (ENTERNA	ATURE OF INJURY IN ITEM	IB PART I OR PART 2)	- 0
2		OR CONTRIBUTING CAUSE O	DEATH	ONTH DAY YEAR					
	MEDICAL	(IF EITHER NOTIFY MEDICALEXA)	21e PLACE OF INJU	IRY	211 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACT	ORY OFFICE, FARM ETC )	STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK	4-1 44- 4	-11 Falls	1 8	5	17/18	12 87	
			ospital) attended the decea		nd that in (my) (aur) aprinia	n death accurre	ad an the date and	hour and from th	, that (I) (we) last
		above, Well (did )(d)	e an		DEGREE	ii dedili decoire	ed on the date and	naur and riam in	e couses stored
		Robert ) K	12	10/87					
1		224 PHYSICIAN'S NAME (T	YPE OR PRINT)	,	22e ADDRESS		PHYSICIAN	1	11.5
		ROBBRTJ	, ROSBNS;	TREL	2602 CL	ARET	PR FA	LISTON	M.D.
	23a. B	BURIAL, CREMATION, REMO	VAL 23b. DATE	230 NAME OF C	EMETERY OR CREMATORY	23d LOC		17/72 (A.17)	67444
1	L '	Burial	12-14-1987	Gardens	of Faith	Ross	sville,Ba	ltimore	Md. STATE
	145	INERA DIRECTO	1/1Kingay	wege, and	121087 250 DA		REGISTRAR 256 REG		Styde
	4	assahu7	1711750	salees 1	d.	0 14 19	01 0		,

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages L and Zehwith the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked as them 18 shows any injury, or other traumatic event, the medical KR



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ADTMEN	0	E	uc	ÁI	TU	AND	MEN

REG. NO.	5	()
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0748	860	DEC	14	FOR SLATE FIGISTRAR			DEPAR		HEALTH AND I		SIENE / REG.	NO.	5 6	3 0
				CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
7	8.5				Carl	1	/inning		Clark			12	8 87	M
1	4		3 SE	K		4 RACE			OF BIRTH		6 AGE (IN YEARS LAST	BIRTHOAY	IF UNDER YEA	
- 8	12			Male		White		. 8	28 <sup>DAY</sup>	14	73	YRS	MUNIHS DAY	S HOURS MIN.
48	22/	0		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D X NEVERA	MARRIED T	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
1	120	2		Missouri		USA		WIDOW	44	VORCED [	Harford	Co.		MD.
1	11/1	$\Lambda$	10 C	TY OR TOWN OF DEA	TH		HOSPITAL, NUR		OR OTHER INST	TITUTION	120 USUAL OCCUP		126 KIND IFE) INDUSTR	OF BUSINESS OR
9	230	0		el Air	H	951 Ri	chwood I	Road			Retired (			
AND 213	did be	5	130 5	AL RESIDENCE (IF NURSI TATE arvland	13b COUNTY Harf	VTY	Bel Air	NWN	13d INSIDE C	ITY LIMITS?	130 STREET ADDRESS 951 Richy			21014
4	101	2	14 FA	THER'S NAME		MIDDLE	LAST			MAIDEN NA				
MAR	/dog	0		1JN	K	WIDDLE	Clark			rtle		Ξ.	_	veiov
125	1.4	Y		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE		17 INFORMA		ADI	DRESS	7777	
1	1	71		Yes	WW		276-36-	-0250	Doroth	ny J. C	Clark S.A	A.A.		
N V	33.7		22	18. CAUSE OF DEATH PART I. DEATH W	t (Enter or	nly one cause pe			0	- /-			APPRO	OXIMATE INTERVAL EN ONSET AND DEATH
1	100		1			:D BY: TE CAUSE (a)	Card	is pro	l mor	racey	urrest	7		
Z 5	900			A. 1012		DUE TO. C	OR AS A COMSEC	UENCE OF	1 1		that K	n.	*	
15	100			Canditians, if any,		( b)_	arty	NO CI	erox	ce 1	Haut &	Usla	al .	
W. PR	1000			gave rise to imm cause (a), stating underlying cause	g the	DUE TO, C	OR AS A CONSEC	DUENCE OF						
205, 20	The part		NON	PART 2 OTHER SIGN	OF CONT	revisions c	ONTRIBUTING T	Lac	NOT RELATED	TO THE TERM	MINAL DISEASE OR CO	ONDITION GP	VEN IN PART	lia .
L RECO	Part of the part o	9	FICAT	90 DATE OF OPERAT	ION	196 COND	OITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSI ES []	DINGS USED ES OF DEATH? NO
VITA	hyses tols type type	ス	CERT	21a. ACCIDENT WAS UND			OF INJURY	DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF IT			
NC OF	9 10 10	7	CAL	(IF EITHER NOTIFY MEDIC		1111	.M.	19						
IVISION	ter the true of true of the true of true of the true of the true of tr	/	WED	21d INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	LE 🗍		OF INJURY TREET, FACTORY, OFFIC	E. FARM ETC )	21f. LOCATIO		CITY OF	TOWN	COUNTY	STATE
0 07	0 4 15			228.1 certify that (1)	(this haspi	itali attended t	he deceased from	n	20	, 19	, to		19	, that (I) (we) last
	P 10 10 1			saw the decease above, (1) (we) (d	d alive an	at yew the bad	y after death.	, o	nd that in (my)	(aur) apinion	death occurred on the	date and ha	ur and from th	he causes stated
-	1 Diffe			L'ELLIE	10	melu		in	DEGREE A	ATTENDING 1	MEDICAL S	TAFF	22c. DA	TE SIGNED
4114	Short Short	1		22d. PHYSICIAN'S NA	ME (TYPE C	OR PRINT)	0		22e. ADDRES	PHYSICIAN (			100	-001
O HOS	D FUN headd in	/		LETIEIA	5.	GALV	EZ, K	u.D.	625	5,6	(NION A	PO 1	HAURO	DE
7		1	23a E	BURIAL, CREMATION,	REMOVAL				EMETERY OR C		23d LOCATION		YTHIO	STATE
В	BP		_	Burial	3,410	12/14	/87	Arling	on Nat		ery, Arlin			
DHA	MH - 16 60M 7	/84	24 F	JNERAL DIRECTOR		- 41	ADDRES			25 CDAT	E REC'D. BY REGISTR	AR 296 REGIS	PARSSIGN	URF
	(VRA 15, 4)	-	Ta	rring Fune	ral H	Home, PA,	Aberdee	n,Md.2	1001-33	99 000	1 1 198/	June 1		

BL - 12 (1 20 1 10 1 2 3 A 2 Aures and the Person Males They are were Little miles miles 8 x 3 - 51 1971 S. MALSE Z. M.D. 125 S. VILLE S. VILLE MISSE DEL 

	1.	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. NO.	5 8	3 1,
5 DEC 1	9,0	OR PRINT)	ETRUI	)F	ELIZABET	rH I	Cook	26 DATE OF DEATH MONTH	14/87	752PM
director por	3. SE		4	RACE	asian	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
22 29		RTHPLACE (STATE OR F COUNTRY) aryland		U.S		WIDOWE		9 BALTIMORE CITY OR COL Harf		MD.
in by the fune of filed within the natural of	В	el Air		Bel A	ir Conv	ADDRESS)	Center INSTITUTION	126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKE Housewife	NG LIFE) INDUSTRY	OF BUSINESS OR Home
Par de la	Ma.	ryland	136 COUNT Harf	Υ	Bel Ai:	N	13d. INSIDE CITY LIMITS? YES NO 1	132 STREET ADDRESS / ZIP C 1422 Shirle		e 21014
omplete		John	Hen	- 6/	Klein		15. MOTHER'S MAIDEN NAME FIRST Mary	Elisabeth		ghton
S. Poges		VAS DECEASED EVER YES, NO OR UNKNOWN]		ED FORCES? WAR OR DATES)	217-18		Walter F	. Cook se	ame as	
physicio on papers removol. event, the		18 CAUSE OF DEATH PART I. DEATH W		BY:	Cardio-	Pulm	onary Arrest		APPRO: BETWEEN	XMATE INTERVAL I ONSET AND DEATH
ed by the attention lease in the second to t		Conditions, if any,		DUE TO, C	Status	PO J	Grebrovasi	cular acciden	Ť	month
		underlying cause	last.	(c)_	A ma		Cibrillation			
inticate has been signed. I-transit permit. Then paid Hygiene prior to buy na 18 shows any injury.	CERTIFICATION	PART 2 OTHER SIGN	tensi	on /	Conges	tive	NOT RELATED TO THE TERM	200 AUTOPSY? 20b. 1	F YES, WERE FIND ERTIFYING CAUSE YES	INGS USED
certificate haralettansit pental Hygien		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	1	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE)		
After this of the solution of	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE [		OF INJURY REET FACTORY, OFFICE, F.	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
d for use t. of Heol m 21 is m		220 1 certify that (1) saw the decease above (1) (ve) (c			/ 1 .			death occurred on the date and		
RAL DIRE detoched tote Dept		22b. SIGNATURE	in	N	Mline		MP ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12	4/P7
FUNERAL IN Store		22d PHYSICIAN'S NA	_ ^	PRINT)	@ 1 1	)	22e ADDRESS	A. · Road	ROLA	: And

DHMH - 16 60M 7/84

(VRA 15, 4)

M. Gladden Kurtz

Burial

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR

Jarrettsville, Md.

/1987 Jarrettsville

AATORY 23d LOCATION COUNTY STATE

Jarrettsville Harford Md.

250 Date Rec'd By Registran 23b. Registran's Signature

BEG 0 9 1987 Julia Burian Burian

TO 10 El sulla sia, and succession alleged to South state of the control of the co

Laws-Till Date: Joseph J. Const. V. Const. V.

Millianten, alan diserra di S.C. Perina diserra di La Perina

A TOTAL OF THE SECRET STREET, AND ADDRESS OF THE PRODUCT OF

1						- STAT	E OF MARYLAND					
	1-	FOR STATE REGISTRAR			DEPARTN		ICATE OF DEATH	S 7	REG. NO	5 3	.5	2
,		PASED NAME	FIRST	Rah	eco Chen	1010	AST - + L	2a. DATE O	F DEATH MONTH	/	7	1 HOUR AMM
	3. SE X	1714	1	RACE	ecce / en	5. DATE C	OF BIRTH	6. AGE (IN	YEARS LAST BIRTHDAY	IF UNDER	YEAR	IF UNDER 24 HRS
-		Femal		Cauca		MONTH 5	14 1584	/		rRS	DAYS	HOURS MIN.
1		OUNTRY)	DREIGN 76	CITIZEN OF	MARRIED   NEVER MARRIED			_	ORE CITY OR COL	uniy of dea rford	тн	MD
)		el Air	тн 1	I. NAME OF H		G HOME C	Center INSTITUTION	12a USUAL	OCCUPATION  RK FOR MOST OF WORK  SEWLIE	112b K	STRY	F BUSINESS OR
1	13a S	TATE  TYland	NG HOME OR O 13b COUNT Harí	Υ	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Fallst	N	13d INSIDE CITY LIMITS		ADDRESS / ZIP (		11	21047 Road
7		THER'S NAME FIRST ISTAEL		DDIE	Scarff		15. MOTHER'S MAIDEN Sarah		zabeth	W	in	dle
Ī		VAS DECEASED EVER P ES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	166 SOCIAL SECU 215-68-		Harry T.	Chenwe	ADDRESS orth	Bald	wi	n, Md.
		18 CAUSE OF DEATH PART I. DEATH WA	I (Enter only AS CAUSED IMMEDIATE	BY.	line larta 1, (b), and	0	Ulmonery	Arreit		861	PPROXI WEEN	MATE INTERVAL ONSET AND DEATH
9		Conditions, if any,		DUE TO, OI	R AS A CONSEQUE	NCE OF	exersion		X		IE	ANS
		gave rise to imm couse (a), stating underlying cause		DUE TO, OF	R AS A CONSEQUE	NCE OF		43		4	161	185
	NO	PART 2 OTHER SIGN	P	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEAS	E OR CONDITION	N GIVEN IN PA	ART 110	5
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		IF YES, WERE I CERTIFYING CA YES		
4		21a ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CONTRIBUTI	AUSE OF DEATH	HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCC	URRED (ENTERN	ATURE OF INJURY IN ITE	M 18 PART I OR P	IRT 2}	
	MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗍	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC )	211. LOCATION STREET	30	CITY OR TOWN	COU	v17	STATE
		sow the ceose	d olive an	12	19 0		nd that in (my) our opin		2 7 ed on the date on	d hour and fro	m the	that (we) lost couses stated
1		22b. SIGNATURE	~	2 ,	Mu		DEGREE  ATTENDING PHYSICIAN		STAFF PHYSICIAN		2/	SIGNED
1		224 PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRESS					

acclure mp 236 DATE 230 BURIAL, CREMATION, REMOVAL 12/9/1987

Bel Air Mem. Gar.

Pel Air

Air Ad 21014 Md. Harford

Burial 24 FUNERAL DIRECTOR

Gladden Kurtz Jarrettsville, Md. THE TO S BY SEST TRAN

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12-11

## STATE OF MARYLAND

DEP	ARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
	CEI	RTIF	ICATE	OF	DEATH	14

STATE UNEGISTRAR		DEPARTA		ICATE OF DEATH	84	REG NO	5 8 3	3
	IRST	MIDDLE	· ·	AST	20 DATE OF DE		DAY YEAR	26 HOUR
(TYPE OR PRINT)	Ernest E		Chubh			12-	22-87	M
3 SEX	4. RACE		S. DATE C	-	6. AGE (IN YEARS		IF UNDER I YEAR	
Male	W	hite	10	19 DAY 21 YEAR	66	YRS	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED		CITY OR COUNT	Y OF DEATH	
Penna.		USA	WIDOWE		I	Harford (	County	MD.
Fallston	NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET ton Gener	ADDRESS)	OR OTHER INSTITUTION		R MOST OF WORKING	(IFE) INDUSTRY	of Business or f-Employe
	HOME OR OTHER INSTITUTION COUNTY Saltimore	130 CITY OR TOW		134 INSIDE CITY LIMITS? YES NO K	13e STREET ADE 2102 Tu	oress / zip coe	dge Rd.	21136
FATHER'S NAME FIRST Herbert	WIDDLE	Chubb		15 MOTHER'S MAIDEN NA. FIRST Margare	M	NDDLE	Sr	nyder
60 WAS DECEASED EVER IN		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
(YES, NO OR UNKNOWN) (1	WW II	215-12-3	211	Leonora M. C	hubb 210	02 Tufton	n Ridge	Rd. 2113
	iote the DUE TO, O lost. (c)  CANT CONDITIONS C	RAS A CONSEQUENT ON PRIBUTING TO S	ENCE OF ENISE DEATH BUT	Corona Corona NOT RELATED TO THE TERM	19 INSA	FCONDITION G  Y? 206. IF YI	IVEN IN PART TO	OF DEATH?
21a ACCIDENT WAS UNDERL				21c. HOW INJURY OCCUR			PART I OR PART 2)	но 🗌
Co do liveralizado Cara	SE OF DEATH	M. MONTH DA	AY YEAR	The state of the s				
OR CONTRIBUTING CASE  (IF EITHER NOTIFY MEDICAL I  21d NUTRY OCCURRED  WHILE AL WORK	21e PLACE	OF INJURY REET FACTORY OFFICE F		211 LOCATION STREET	c	ITY OR TOWN	COUNTY	STATE
sow the deceased of the deceas	olive on OCT	ofter death	87.0	DEGREE ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN [	22c. DATE Dec	thor b (we) lost couses stated SIGNED 23, 198
230. BURIAL, CREMATION, REA				EMETERY OR CREMATORY	23d LOCATIO	N		
(SPECIFY)	12.04				CITY OR		COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows ony

24 FUNERAL DIRECTOR Lassahw Funeral Home

BALTO. Md. 21236

Baltimore, Maryland

250 DAJE RECD. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DEC 28 1987 July Deviden Pondale.

glesiant that importants the first production of the state of the stat RIN . S See Hard Co. Lilled 

to burial,

this certificate has been

FUNERAL DIRECTOR:

BP.

should be detac

(VRA 15, 4)

for use as the buriol-tronsit permit of Health and Mental Hygiene prior

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morked or Item

CERTIFICATION

MEDICAL

074820 DEI

director, page 3 hours ofter death STATE

REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

20 DATE OF DEATH MONTH DAY YEAR 25 HOUR

11 - 28 - 87

6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24.)

ı	Grace He	Nriet	ta Co	X		11-28-8	37	19 PM
1	3. SEX	4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	W		MONTH 3	2 PAY YEAR	70 YRS	MONTHS DAYS	HOURS MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	us		WIDOWE		9 BALTIMORE CITY OR COUNT		MD
	FALLS TON	(IF NOT IN SUC	H FACILITY, GIVE STREET AD	DRESS)	CAL HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE A 134. CITY OR TOWN BEL AIR	DMISSION)	136. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS / ZIP COI 105 IDLEWILI		014 ot. 1A
	FATHER'S NAME FIRST  CHARLES	MIDDLE WILLIAM	MEDING		15. MOTHER'S MAIDEN NA FIRST  GRACE	ME MIDDLE ANNA MARTIN	LAS	ST.
	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECUR 217-34-		MATTHEW	COX - son	014	
-	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED		(3)	1	Ommany a	ust	APPROX BETWEEN	ONSET AND DEATH
	Conditions, if any, which	DUE TO, O	RAS A CONSEQUEN	CE OF	ray Ede	ne		
	couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUEN	NCE OF	in Heart	Disease		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES NO NO

216. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PART 2) | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART FOR PA

(IF EITHER NOTEY MEDICAL EXAMINER) P.M. 19

21d. INJURY OCCURRED

WHILE NOT WHILE AT WORK
AT W

226. SIGNATURE

THE CLESS NOW PHYSICIAN DIRECTOR PHYSICIAN 1224 PHYSICIAN STAFF

224 PHYSICIAN'S NAME (TYPE ORPRINT)

224 PHYSICIAN'S NAME (TYPE ORPRINT)

226 ADDRESS

ENDREW NOWAKOWSKI MD 125 N. MOIN ST. BELAIR, MD 40.

236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY REMOVAL 11-29-87

236 LOCATION
CITY OR TOWN COUNTY

TY STATE

STATE

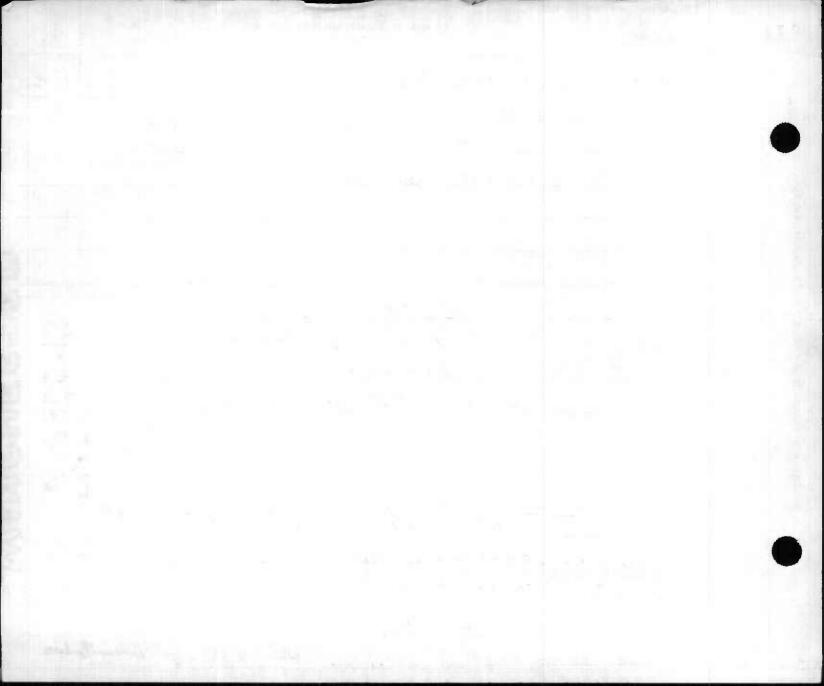
DHMH - 16 60M 7/84

IMPORTANT:

State Anatomy Board

Balto., Md.

DATE REC'D. BY REGISTRAR 216. REGISTRAR'S SIGNATURE.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	5	B	3	5

	1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 7	REG. NO.	5 8	3 5	
l			londic		occhine wibbil	E C	-Abb	Se DATE O	OY 30	1987	7 103	A M
l		FEMALE		Mhit	E	MONTH		75	Y	RS.	HOURS	MIN.
1	No	RTHPLACE (STATE OR PO COUNTRY) BERYET CO		u.s.		WIDOWE		Har	ford Count	rey		MD.
	3	TY OR TOWN OF DEA		BEL ATE	HFACILITY, OIVE &	ESCENT CE	or other institution		OCCUPATION RK FOR MOST OF WORKI	NG LIFE) INDUST	GOVEN SINES	SOR
	W.	anylow	HATCOTA		BEL A	TOWN	13d. INSIDE CITY LIMITS? YES NO A	2005	ADDRESS / ZIP C		2/0/	4
1	14. FA	THER'S NAME FIRET  WALTER	Guy		Add Ell"		TOLLY	Aux		Howe	NIAST	
I		VAS DECEASED EVER	IN U.S. ARME		216-12-		ma Frederick A			mtree R	(21014	
		PART I. DEATH W	H (Enter only on AS CAUSED B		line for 101, (b)	ond ici.i	Humbrs	n		BETW	O IWAY DIN SEV SEN ON SE AND O	ТАТН
ı		Conditions, If ony,		DUE TO, O	RAS A CONSI	EQUENCE OF	on leng.	sle	usis			1
		gove rise to Imm couse (o), stating underlying cause	g the	DUE TO, O	RASIA CONSI	EQUENCE OF	tic condinv	asc.	dise	ase		
	NOI		Dia	beli	-	Wal	NOT RELATED TO THE TERM					
	CERTIFICATION	146 DATE OF OPERAT	NON	196. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	70e AUT	OPSY? 20b. I	FYES, WERE FIN ERTIFYING CAU YES		19
	-	716. ACCIDENT WAS UND OR CONTRIBUTING CO	AUSE OF DEATH		FINJURY M. MONTH M.	DAY YEAR	31c HOW INJURY OCCUR	RED JENTERN	ATURE OF INJURY IN ITE	M 18 PART I OR PART	3)	
	MEDICAL	THE INJURY OCCURR		218 PLACE JAT HOME, STI	OF INJURY REET, FACTORY, OF	FIGE, FARM, BTC 1	TH LOCATION	-	CITY OR TOWN	COUNTY	514	ATE
		776.   certify that (II saw the decease above, (I) (me) (d					That in (my) (so epinion	death occurr	ed on the date and	hour and from	the couses stat	
		776. SIGNATION	Note	yea		M	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		ATE SIGNED	7
		BEN	ME ITYPE OR PE		2A		8465.MI	MIA	11. B	Utiv	Wd. 1	1814
	73a B	BURIAL, CREMATION,		DEC 3		A.	EMETERY OR CREMATORY	734 100	ATION	C COUNTY	land 2101	ATE.

So W Brondway a Whilliams 81-BELAIR, Manyland 21014

DHMH - 16 60M 7/84 (VRA 15, 4)

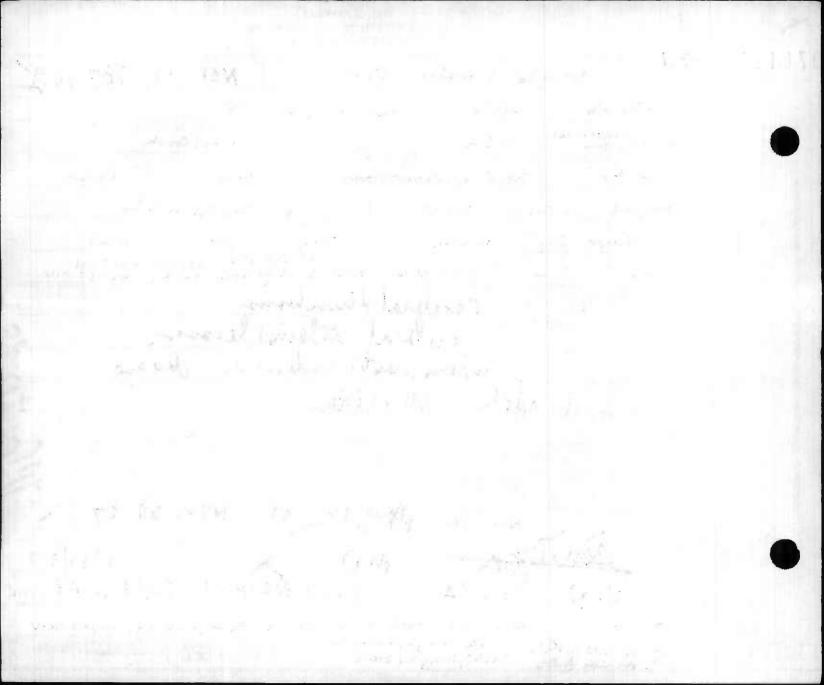
TO FUNERAL DIRECTOR. After should be detached for use with the State Dept. of Heal

TO HOSPITAL OR

wol Hygi

MFORTANT: If hem 21 is marked or

THE FUNERAL DIRECTOR AND TOSTER
JOSEPH WIlliam Toster
Traperorellin Franco



## STATE OF MARYLAND

DEPARIMENT	Ur	HEA	LIN	ANU	WENTAL	
CE	RT	IFIC	ATE	OF	DEATH	

	1-	STATE REGISTRAR	DEFARIT	CERTIF	ICATE OF DEATH	8 7 REG. N	10.5 5	8 3	6
		EASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
J	LIVPE	Edna	Almira	Cric	hton	Decembe	r 18,	1987	10:05,ª
	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BE		IF UNDER TYEAR	IF UNDER 24 HRS
J		Female	Caucasian	Aug. 14, 1890		97 YRS			HOURS MIN.
91		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
		Illinois	U.S.A.	WIDOWE	D DIVORCED		Harfo	ord	MD.
	130	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		120 USUAL OCCUPAT	OF WORKING LIF	E) INDUSTRY	F BUSINESS OR
	-	rrettsville	Madonna He		.ge	Secretar	У.	Foun	ary
	13a. S	TATE 131 COUN	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Elgin		13d INSIDE CITY LIMITS?	130.STREET ADDRESS	zip code		60720
7	_	THER'S NAME			15 MOTHER'S MAIDEN NAM		CHAIL 22.		00120
9			ew Crichto	n	Florence	Franc	es	Sax	by
2		AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS		
7	Į v	NO OR UNKNOWN] (IF YES, GIV	303-03-	-2626	Neil T. Cr	richton	Bel	L Air,	Md •-
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI	ENCE OF	DISGASE				
	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	ADITION GIV	EN IN PART TO	>
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	280 AUTOPSY?		S, WERE FINDING CAUSES	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJI	URY IN ITEM 18 P	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC }	21f. LOCATION STREET	CITY OR TI	OMN	COUNTY	STATE
		220.1 certify that (I) (this hospi	tol) ottended the deceased from_		, 19	, to		19	that (1) (we) lost
þ		sow the deceased alive an	it) view the body ofter death.	, or	nd that in (my) (our) apinion o	death occurred on the o	date and hou	r and from the	causes stated
		17h SIGNATURE	I New Me body offer deom.		DEGREE			22c. DATE	SIGNED
		Manuface	fall mo		-	MEDICAL STA		12-1	8-87
		276 PHYSICIAN'S NAME (THE O	or adjust)		22e ADDRESS	78 - 11	The second		
		PR. H. WI	EDEFCID MO		3313 PAPERM	ILL ROL	PHOEL	1 x, MO	121131
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE

DHMH - 16-60M 7/84 (VRA 15, 4)

Burial | 1

74 FUNERAL DIRECTOR

M. Gladden Kurtz

Jarrettsville, Md.

12/22/85 West Dundee Cem. Dundee Illinois

250. DATE REC'D. BY REGISTRAR 250-REGISTRAR'S SIGNATURE

DEC 22 1987. Auto. Donley.

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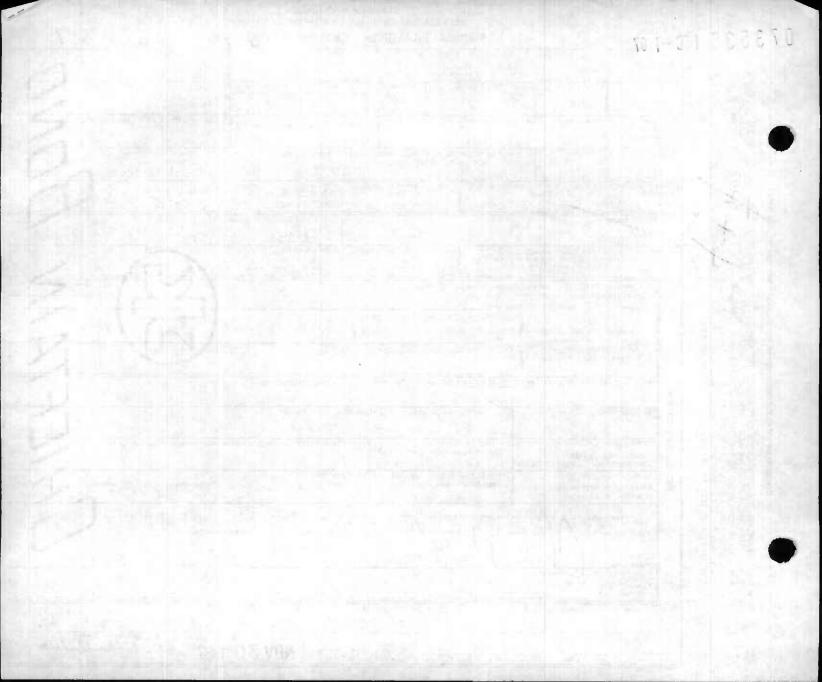
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H. Haddensouths a surrestantine, aid. 1 259 22 887 Ad. Kingston

TO HO IS DY - The Lairs Converse Converse Lagger 18, 1,37 10:05

Persole Decomposition and law 27



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Pour dir	E/		RTHPLACE (STATE OR FOR	REIGN I	b CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRI		BALTIMORE CITY O	R COUNTY	OF DEATH	
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hours In b	1 pg //	USUA	AL RESIDENCE IN NURSIN	G HOME OR C	THER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)		-			0	11/1/1/1
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1 199	1 6 12	1	FIRST	A	AIDDLE	LAST		FIRST		MIDDLE		LAS	Ψ.
5 0 -	100	14 - 14	UNK VAS DECEASED EVER IN	LILC ARA	AED FORCECO	Lu cocini	ECURITY NO	17 INFORMANT	UNK	ADDRE	Sc		
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ysici	t, th		18 CAUSE OF DEATH PART I. DEATH WAS	Enter only	y one couse per	line for (a), (b							ONSET AND DEATH
p ph	ever				CAUSE (o)	ulchers	deolie 7	sout dise	are			75	YRS
th ce	ofic	13			DUE TO, O	R AS A CONSI	EQUENCE OF						
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thot by	r oth	12	underlying couse	lost.	(c)								
an ole	y, or		PART 2 OTHER SIGNII	FICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	HE TERMIN				D
equi	injury.	CERTIFICATION	generaly	seel c	Therosa	levesia	cerelon	l'atherence	levis	prou	nomite	1	
bee mit.	oux out	EA.	196 DATE OF OPERATIO	NC	196 COND	ITION FOR WI	HICH OPERATIO	WAS PERFORMED		20a AUTOPSY?	206. IF YES	, WERE FINDIN	IGS USED
he to	S S S	TE								YES NO	YES		NO [
ysici	18 sh	E	210. ACCIDENT WAS UNDER	STAIMO [	216. TIME O			21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IS P	ART 1 OR PART 2)	
PHYSICIAN: ending phys this certifico	0 0		OR CONTRIBUTING CA		HOUR A.		DAY YEAR						
ding ding	Mer he	MEDICAL	21d INJURY OCCURRE		21e PLACE	OF INJURY		211 LOCATION					
ten the	Pu P	X	WHILE NOT WHILE		(AT HOME STR	REET FACTORY, OF	FICE FARM ETC }	STREET		CITY OR TO	WN	COUNTY	STATE
Afte os	oltho		22s. I certify that (I) (#		al) attanded th	a deceased for	0.00	. 19.		10 NOV	27	10 X7	that (I (we) last
TEN OR	He Is	10	sow the deceased	olive on_	NOV 26	e deceased II	CV "			oth occurred on the do	-		
AT. ospi	a 2		obove, (I) (week) (die	(did not	view the body	ofter deoth.		DEGREE	-			22¢ DATE	
O he h	Dep If He		A A	80	1:77	1 15	1	ATTEN	DING	MEDICAL STAF	F		27.1487
by the	- W		1240	This	um	W.	1)	PHYSI		DIRECTOR   PHYSIC		1 TV	21,146/
HOSPITAL med by the FUNERAL	a h		22d. PHYSICIAN'S NAA	AE (TYPE OR	PRINT}			22e ADDRESS					
Proupries	PO H			110									
MICIE	10	230 E	URIAL, CREMATION, RE	EMOVAL	23b. DATE	3,300	23c. NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION		COUNTY	STATE
1 1 4 4 1			J									~~~	STATE

Rose Hill Cemetery Macon Bibb Ga.

256 DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE
en, Md. 21001–3399 DEC 0 1 1087

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

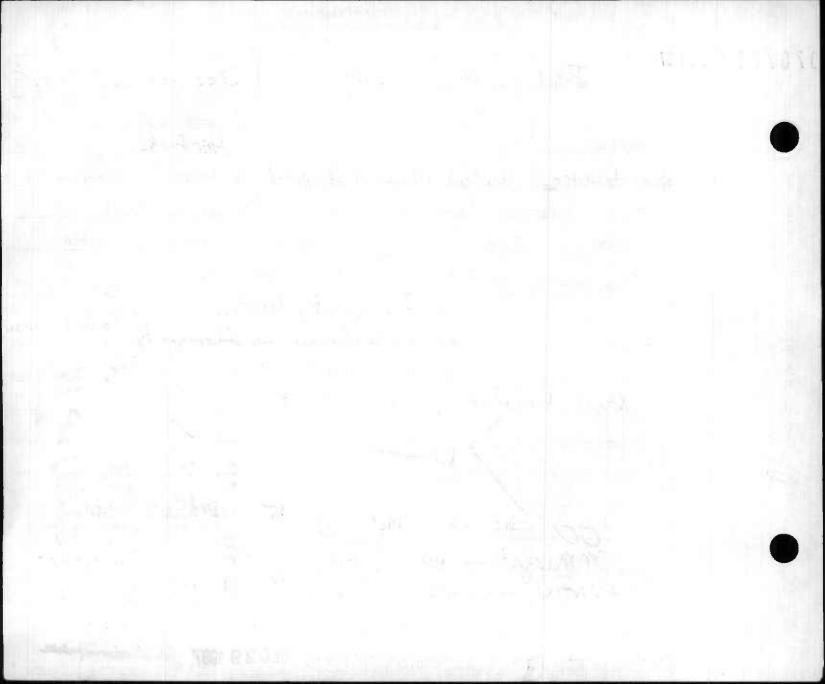
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Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

TO THE RESIDENCE OF THE PARTY O

Media Tayon and an arabaga

STATE OF MARYLAND



To a sold

male Cem. 5/28/1964 [ 25

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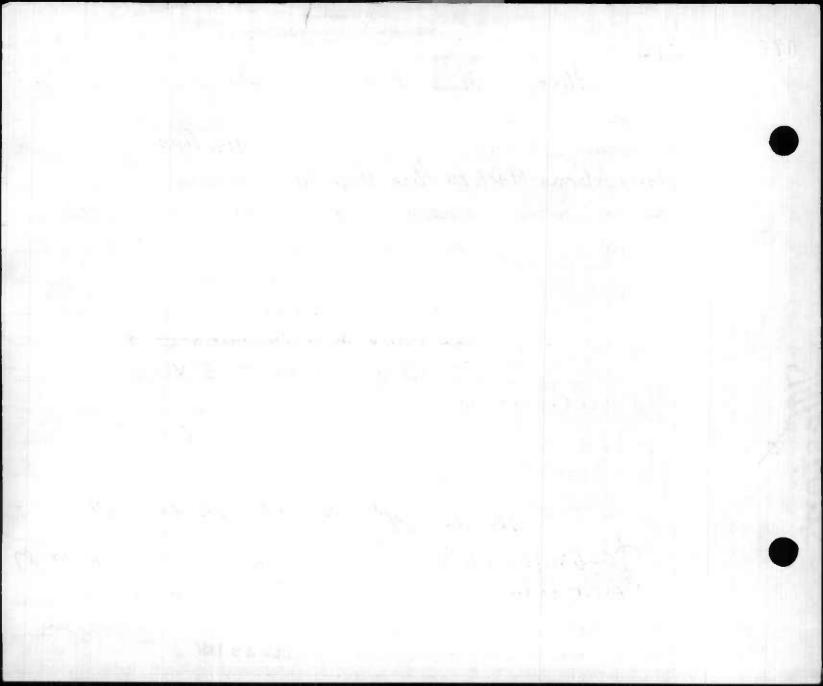
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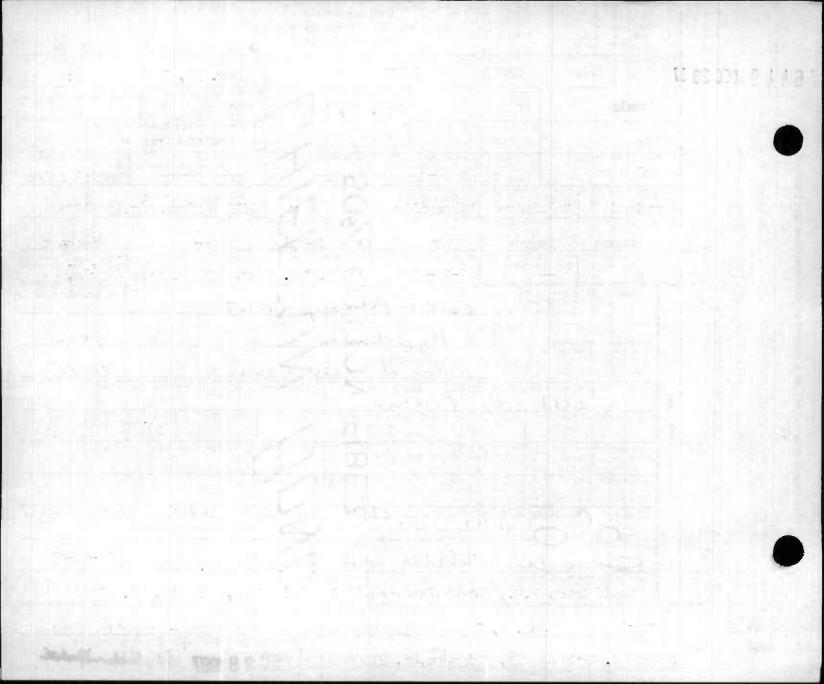
076784 DEC	31	FOR STATE GGISTRAR	100	ARTMENT OF F	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	B / REG. NO		4
moy be poge 3	T. DE	OR PRINT)  Alice	Middle	Doll	AST C	December	22 198	7 / A M
4 moy far, po offer d	3. SE		4 RACE	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS	TYEAR IF UNDER 24 HRS
Page direc	7a. B	Temale RTHPLACE   STATE OR FOREIGN	White 7b. CITIZEN OF WHAT COUN	Octob ITRY? 8.		9. BALTIMORE CITY OF	R COUNTY OF DEA	TH
death.	Per	nnsylvania	U.S.A.	WIDOWE		Hartor	d	MD.
ofter dec	H	avre de Grace	11. NAME OF HOSPITAL, NI  INFINOT IN SUCH FACILITY, GIVE	SARAT ADDRESS)	or other institution	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Restrauteu	WORKING LIFE) INDU	IND OF BUSINESS OR
LAND 212 LAND 212 In 24 hour should be f	13a. Ma	ALRESIDENCE (# NURSING HOME OR STATE 13b. COUN aryland Harf	ITY 13c. CITY OR		134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 210 Angus	Drive, 21	001
MARY mplered of 2 2	14. F7	THER'S NAME FIRST Edward	MIDDLE LAS		15 MOTHER'S MAIDEN NA	WE	****	LAST
RE SOLITE STATE OF THE STATE OF		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	Tina 17 INFORMANT	ADDRE	ss UN	K
TIMORE		NO NO RUNKNOWN) (# YES, GIV	E WAR OR DATES)		Leighton Dol	by. Same as	Above	
ST., BALT strificate b a physician on papers. emovol.		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (l D BY: E CAUSE (o)	DIAC	MRREST		BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
CORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  w requires that the death certificate be executed within 24 hours of the please that the offending physician and completely filled in by mil. Then please remove carbonapapers. Pages 2 and 2 should be file right to burial, cremation, or removal.  In printy, or ather traumatic event, the medical examiner must be to the property or ather traumatic event, the medical examiner must be to the prints.	NC	Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause last.  PART 2 OTHER SIGNIFICANT (CAT)   CAT)	(b) CB CONS  DUE TO, OR AS A CONS  (c) DOG	HTIVE	ARTERY FRALUKE NOT RELATED TO THE TERM	DUEASU  - ASCV	DITION GIVEN IN PA	ART No
hos I hos I	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE F IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH?
VISION OF VITAL  S PHYSIC: An Intending physicion re this certificate h the burial-transit and Mentol Hygier sed or item 18 share		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PA	NRT 2)
ING PHYSICA r atending p After this certif os the burial: lih and Mental narked or tem	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM ETC ]	21f. LOCATION STREET	CITY OR TOV	vn coun	NTY STATE
OR ATTENDINE he hospital or DIRECTOR: A roched for use to Dept of Head is men 21 is m		22a.1 certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no 113. This is the control of the control 274 PHYSICIAN'S NAME (TYPE O	tol) oftended the degreed of the view the body after death.	19 8 7 , 01	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (	death occurred on the do	22c.	, that (I) (we) lost om the couses stated  DATE SIGNED  2 - 27 - 87
TO HOSPITAL TO FUNERAL should be det with the Stote		PANTEU	MONAKIL		HAVRE de	Grow, ned	200	18
ВР	-	URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	0.11.1
DHMH - 16 50M 1/B1	24 FI	moval/Burial UNERAL DIRECTOR	Dec. 26,1987			New Castle	2. New Cast 25b. REGISTRAR'S Sh	GNATURE
(VRA 15, 4)	Tan	ring Funeral Ho	ome, PA, Aberdee	55 , MD, 21	001-3399 しとし	7 3 1301 6		

Tarring Funeral Home, PA, Aberdeen, MD, 21001-3399



		FOR STATE REGISTRAR			CERTIF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	8 7 REG. NO		3 4	2
3 8		OR PRINTI ADA	HANNA	V D	OTY	AST	Dec. 25,	1987	Y YEAR	26 HOUR 5:00 AM
		Female	White		5. DATE OF	26, DAY 1906 SEAR	6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
2	O BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	_		MD.
0		TY OR TOWN OF DEATH Bel Air	Bel Ai	r Convale	scent	Center INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Store Own	F WORKING LIFE)	INDUSTRY	I Sales
5	130 S Ma	AL RESIDENCE (IF NUR UNG HOME STATE ryland Bal	or other institution UNITY timore	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Pikesvil	le	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / 4615 Horiz	ZIP CODE	cle 21	1208
2	1		MIDDLE Dayton	Doty		15. MOTHER'S MAIDEN NAMER MADEL	WIDOFE			hehart
2		VAS DECEASED EVER IN U.S. VES NO OR UNKNOWN) (IF YES.	ARMED FORCES?  GIVE WAR OR DATES)	281-16-97		Richard E. D	oty, 4615 H	Pikesv lorizon	Circ	
	~	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause pe SED BY: IATE CAUSE (a)	Cardio	1).	Imonary Ar	rest		SETWEEN	IMATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gave rise to immediate	DUE TO, C	OR AS A CONSEQUE	NCE OF L	unsi on			4	ears
		cause (a), stating the underlying cause last.	DUE TO, O	History	of	Long Ca	nces		451	M
1	TIFICATION	PART 2. OTHER SIGNIFICAN  Lef  190 DATE OF OPERATION	+ Hi	ONTRIBUTING TO D	time	NOT RELATED TO THE TERM  WAS PERFORMED	200 AUTOPSY?	206. IF YES, VIN CERTIFYII	WERE FINDIN	
1	ICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A	.M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART	I 1 OR PART 2)	
a	MEDI	21d INJURY OCCURRED  WHILE OF WHILE OF WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
79		22a I certify that (1) (this ho saw the deceased alive above. (1) (ive) (did) (did	spital) attended the	ne deceased from	7 , 01	nd that in (my) (aur) opinion of	death occurred on the do	. 17		that (I) (We) last causes stated
6.7		22b. SIGNATURE	u.	Mu	. ,	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAP	F IAN []	12-2	SIGNED 26-87
		David Dunn				22e ADDRESS 21131 Belair	Road, Bel A	ir, Md	. 2101	.4
	В	URIAL, CREMATION, REMOV SPECIFY) Urial	Jan. 4,			emetery or crematory emetery	23d. LOCATION CITY OR TOWN Columbus	- Frank	county klin	STATE
4		ward K. McComa	s III, A	AODRESS		250. DATE	REC'D. BY REGISTRAR	256 REGISTRA	AR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)



may be

DEC

Hilled in by the funeral director, page 3 and be filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal

attending physician.

ATTENDING

TO HOSPITAL

etained by the haspital ar

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

injury, ar ather traumatic event,

MPORTANT: If them 21 is marked or them 18

87oR - STATE

(TYPE OR PRINTE

3. SEX

REGISTRAR

MALE

DECEASED NAME

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1928

LAST

5. DATE OF BIRTH

MATCH 15

MIDDLE

White

Francis

Robert

4 RACE

REG. NO.

DECEMBER 19,1985

DAY

YRS

YEAR

IF UNDER I YEAR

2b HOUR

12:20

IF UNDER 24 HRS

M

20. DATE OF DEATH

59

6. AGE (IN YEARS LAST BIRTHDAY)

Ta Bi	RIHPLACE (STATEORS	OREIGN 7	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE				NEVER MARRIED 1			OR COUNTY OF DEATH  A Country MD.		
7	SEL ALC		TAZ L	H FACILITY, GIVE STR	AUENUE	R OTHER INSTITUTIO		TYPE OF WORK FOR MOST OF	F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR	
130 5	naryland	13b. COUN'	Y	BEL H	NWN	13d INSIDE CITY LIM YES 🙀 NO [		13e.STREET ADDRESS / ZIP CODE		HVENUE		
	THER'S NAME FIRST		IDDIE	Duff			Ence	WIDDLE		TAPPIE	tod	
- (	WAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	195-20		M:SS PATT		838-7310ADDRI	SS EX Linux BEL Air	ad Auer	( 21014	
	PART I. DE ATH W	AS CAUSED	BY:			Miguary M	nE  Provi	mA			ATE INTERVAL NSET AND DEATH	
N.	Conditions, if ony, gove rise to imm couse (0), statine underlying cause	nediate g the	(b)	R AS A CONSEC								
VIION		-				NOT RELATED TO TH	IE TERMIN	AL DISEASE OR CON		VERE FINDING		
CERTIFICATION		19a DATE OF OPERATION			LH OFERATION		YES NO A	IN CERTIFYII	NG CAUSES Ç	OF DEATH?		
MEDICAL CE	?)a. ACCIDENT WAS UND OR CONTRIBUTING C {IF EITHER NOTIFY MEDIC	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR 19			(ENTER NATURE OF INJU	RY IN ITEM 18 PART	T 1 OR PART 2]		
MED	216. INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	ILE 🗍	218 PLACE (	OF INJURY BEET, FACTORY, OFFIC		21f. LOCATION STREET	O/	CITY OR TO	WN	COUNTY	STATE	
	220 I certify that (l) saw the decease abave, (l) (we) (d	d aliveding	000	19 19	4 7	d that in ( <u>my</u> ) (our) a	opinion dec	taoth occurred on the d	ate and have a		nat (1) (we) last ouses stated	
	22b. SIGNATURE	NIN	had ?	P. Um	מסח	DEGREE ATTENE PHYSIC		MEDICAL STA		220. DATE S		
	22d. PHYSICIAN'S NA		tmoss,	M.D.		22. ADDRESS 2303 BY	el Air T	Zad, Fallst	as, man	ylan 211	047	
	BURIAL, CREMATION, I SPECIFY)	REMOVAL	DEC. 21,			EMETERY OR CREMA		23d LOCATION CITY OF TOWN	ar ford Co	Maryle	and ZIOIX	
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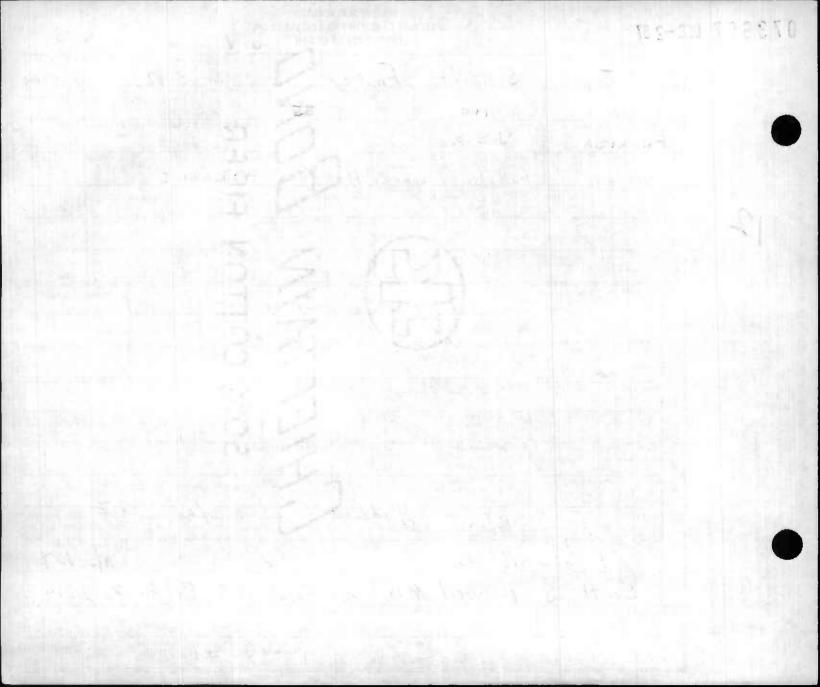
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	76 16 70			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR BE EASED NAME 20 DATE KNOWN 1068 EASTR EDNA DEATH MATED HOURS STREET, FILES. 4 RACE & AGE (IN YEARS | IF UNDER TYR 5. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE MONTH LAST BIRTHDAY YEAR PRONOUNCED YOUR K 9 DEAD 81 70 YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 78 BIRTHPLACE MARRIED NEVER MARRIED RADFORD HARFORD DIVORCED 120 USUAL OCCUPAT ILLEITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS) PEECHWOOD ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 30 STATE 13b. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS BEECHWOOD AVE. 21085 YES NO X 201 MD HARFORD TOPPA 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE CARROLI CHARLES CROFFORD THOMPSON LYDIA 17 INFORMANT FLLEN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) BARBARA DUNCAN - sister- s/a 225-90-9891 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) APPROXIMATE INTERVAL tix Cardiovasculer PACE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE OF UNEXALD INFECTOR; PACE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE TO FUNEAR DIRECTOR; PACE 3 SHOULD BE USED AS A BURIAL. FRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Vesus IMMEDIATE CAUSE & DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to beter mellittes CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? NOA YES [ 710 EXTERNAL CAUSE WAS 71b. TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection X 120. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Natural causes death resulted fram: Accident Hamicide \_\_\_ Undetermined manner COUNT (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 23b. DATE 73¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE 12-28-87 07/84 RP Removal BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** State Anatomy Board Balto., Md. (VR A15 ME (5))

67 DECT		FOR 7 STUTE REGISTRAR			MENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	8 7 REG. NO	3 5 B	4 5	
		ASED NAME FIRST	9-1	MIDDLE	-	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
deod a	CEV	Voyce	Ste	wart	FIR	dley	11-23	1.87	RIYEAR   FUNDER 241	Any
rs offer	SEX	Female	1. RACE	1+e	5 DATE C		6. AGE IN YEARS LAST BIRT	MONTHS		MIN
45 70	BIRT	HPLACE (STATE OR FOREIGN UNTRY)		WHAT COUNTRY?	MARRIEI WIDOWE		9 BALTIMORE CITY O	R COUNTY OF DE	ATH	445
10.	CITY	OR TOWN OF DEATH		HOSPITAL, NURSING	IG HOME C	ROTHER INSTITUTION  Hospital	170 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE) IND	KIND OF BUSINESS DUSTRY	MD. S OR
13	3a ST			GIVE RESIDENCE BEFORE 134 CITY OR TOWN Darlingt	N	13d, INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / 4104 Conor		id 21034	1
27	FATI	HER'S NAME FIRST Unkno	DWN MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			LAST	
3 4 19		S DECEASED EVER IN U.S.		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS		
X/	(YES	NO [IF YES	GIVE WAR OR DATES)	215-20-2	2531	Walter W. Fin	dley, Darli	ington, M	aryland	
iol, cremotion, or removo or other froumotic event,		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	IR AS A CONSEQUE	ence of	artery Disc				
2 %		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN F	ART Iro	
	4 11	DATE OF OPERATION	19h COND							
10 le		DATE OF OFERANON		II ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	206 IF YES, WERE IN CERTIFYING C YES []	FINDINGS USED CAUSES OF DEATH?	2
	9	TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME O			N WAS PERFORMED	YES NO	IN CERTIFYING C	CAUSES OF DEATH?	2
or hem	MEDICAL	I) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	DEATH HOUR A. INER) P. 21b. TIME O HOUR A. 21c. PLACE	DF INJURY M. MONTH DA M.	AY YEAR		YES NO	IN CERTIFYING C YES T YIN ITEM 18 PART 1 OR	CAUSES OF DEATH?	
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with the Stote Dept. of Health and Mental WPORTANT: If them 21 is marked or them MEDICAL	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF IF ETHER NOTIFY MEDICAL EXAM  IN JURY OCCURRED  WHITE AND NOTIFY MEDICAL EXAM  WHITE AND NOTIFY CONTRIBUTION  7a. I certify that (1) (this has sow the deceased alive above of the contribution of the co	21b. TIME OF HOUR A. HOUR A. P. 21e PLACE (AT HOME STE On HE DE THE VE ON PRINT)  4  74  74  74  74  74  74  74  74  74	DE INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA  Le deceased from 25 19 6 6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7	AY YEAR 19 ARM. ETC.)  10/3 8/-, on	21c HOW INJURY OCCURRING THE CONTROL OF THE CONTROL	YES NO	VIN CONTRACTOR PART TOR	PART 2)  PART 2)  UNITY  STATI  That (I) (we)  From the couses states  C DAJE SIGNED  11/25/47  D 21014	) lost
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Harkins Funeral Home, 600 Main St., Delta, PA

DHMH - 16 60M 7/84 (VRA 15, 4)



TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the bunol-transit permit. Then please with the State Dept. of Health and Mental Hygene prior to burial, cr. IMPORTANT. If them 21 is marked or Item 18 shows any injury, or oth

TO HOSPITAL OF ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

073536

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.				

ì		STATE RECISERAR			VEI AII	CERTIF	CATE OF	DEATH	8 7	REG. NO	5	4	0	)
	1 DEC	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF		MONTH	DAY YEAR	2b HC	OUR
	(ITPE		theri	ne	W.	F	ord				11	26 87	9:	00 PM
1	3. SEX	(		4 RACE		5. DATE C			6 AGE (INY	EARS LAST BIR	THOAY)	MONTHS DATS	IF UND	DER 24 HRS
		Female		White	е	8 8	20	34	53		YRS	MONINS DATS	HOURS	S MIN.
1		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	M) NEVER	MARRIED -	9 BALTIMO	RE CITY O		Y OF DEATH		
7		Maryland		U.S.A		WIDOWE		ONORCED T	На	rford				MD.
7	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURS	ING HOME C		-	120 USUAL	OCCUPATE		12b. KIND C	OF BUSI	
_	Pe	erryman		302 Ir	ish Lane	ET ADDRESS			Homem:		F WORKING L	LIFE) INDUSTRY		
7	USUA	AL RESIDENCE (# NURS		OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)								
2	130 S Mar	ryland	Harf		Perryma		YES T	NO X	302	ADDRESS / Irish	Lane	2113	30	
		THER'S NAME	11012					R'S MAIDEN NAM						
1	)	Thomas		B.	Willson		C1	ara		T.		Wi	11i	ams
ì	160 V	AS DECEASED EVER			16b SOCIAL SE		17 INFORM			ADDRE	SS			
	{ Y	NO OR UNKNOWN)	(IF YES GIV	E WAR OR OATES	215-28-	6604	I. Ke	ith For	d S.	A.A.				
4			M .E		-	odo-	1	TCH TOL	u 0.			APPROX	MATE IN	TERVAL
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		DUE TO, OR AS A CONSEQUENCE OF BOLLANDE BOLLANDE												
٦		gove rise to immediate										_		
1	10	couse (a), statin underlying couse		DUE TO, O	R AS A CONSEC	DUENCE OF						10.3		
				(c)										
	z	PART 2 OTHER SIGN	VIFICANT	CONDITIONS C	ONTRIBUTING TO	O DEATH BUT	NOI RELATE	D TO THE TERM	INAL DISEASI	E OR CON	DITION GE	IVEN IN PART I	0	
	CERTIFICATION	190 DATE OF OPERAL	10- DATE OF OBERATION			TION FOR WHICH OPERATION WAS PERFORMED			200 AUTO	PSY?	T20h JE YE	ES, WERE FINDI	NGSTIS	SED
	FIC	THE OF CIERRA		170 00110	HION FOR WHICH OPERATION WAS PERFORMED			OKMED			IN CERTI	IFYING CAUSES	OF DE	ATH?
4	ERTI	21a. ACCIDENT WAS UNE	PERLYING F	7 21b. TIME C	AF IN ILIRY		Tale HOW	NJURY OCCURR	YES [	NO 🗌		ES	NO	Ц
1		OR CONTRIBUTING		110110	M. MONTH	DAY YEAR	110.11041	INJOK! OCCORN	LENIER NA	TORE OF INJUR	CT IN TIENT IS	PART   OR PART 2]		
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	ME	WHILE TO NOT WH	OLE 🗆	(AT HOME ST	REET, FACTORY OFFIC	E FARM, ETC )	STRE	ET		CITY OR TO	WN	COUNTY		STATE
		AT WORK AT WO	RX			Me	114 28	)		ALV	79			
		220.1 certify that (I) saw the decease		Or -		4-4	0	y) ( ) opinion o	death accurre	d on the de	ate and he	6		(wee) lost
		obove, (I) (22b SIGNATURE	lid) (did no	t) view the body	ofter death.	0	DEGREE	у (СС) у оримон с	ocom occome	d on me do	71e 0110 110	22c. DATE		
		220 SIGNATURE	W.	2			JEGKEE	ATTENDING	MEDICAL	STAF	FF	ZZC. DATE	SIGNE	U
_		22d. PHYSICIAN'S NA	111	//			122- ADDB0	PHYSICIAN	DIRECTOR	PHYSIC	IAN [	011/4-		
		220. PHISICIANS NA	IN T				22e ADDRE	PRAKK	CINS	South	00	RIVE		
4		[1]	10 1	HANI			7.07	BALTI	0, /	עמ	010	37		
		URIAL, CREMATION,	REMOVAL			NAME OF C	EMETERY OF	CREMATORY	23d LOCA	OR TOWN		COUNTY		STATE
		Burial		11/30	/87 I	darford	Mem.	Gardens		rdeen		Harford		Md.
	24. FL	INERAL DIRECTOR			ADDRESS			250 DATI	E REC'D. BY R	EGISTRAR	1 . 0	TRAR'S SIGNAT	URE	
	Ta-	rring Fune	ral F	Iome PA			001-3	399 110	W30	1987	Gulie	a Dander	· Rea	dass

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	3

1.	STATE		DEPARIME	NI UP HI	EALTH AND MENTAL HTG	IENE	7 6	13 1	7	
	REGISTRAR			CERTIF	ICATE OF DEATH	S / REG. NO	3 3	() M	100	
	CEASED NAME SIRST	7	Melvin (	Sen	nmill		MONTH DA	Y YEAR	12 HOUR 40	O <sub>M</sub>
3. SE	Male	Cauca	sian .	SENT	1 DAY YEAR	6 AGE TIN YEARS LAST BIRT		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF	//	MARRIE		9 BALTIMORE CITY O	e countro	OF DEATH	M	D.
10.5	allston	11. NAME OF	CH FACILITY, GIVE STREET ADI		ROTHER INSTITUTION HOP	120 USUAL OCCUPATE TYPE OF WORK FOR MOST O		126 KIND O INDUSTRY	ber	.2
	al residence if nursing home of state 136 COUI laryland Har		130. CITY OR TOWN	1	136 INSIDE CITY LIMITS?  YES NO NO	13e STREET ADDRESS	ZIP CODE	·h Ln	. 2116	عا
0	Bernard	MIDDLE	Gemmi	7/1	Daisey	Mac	0	Woo	odrow	_
	MAS DECEASED EVER IN U.S. AR YES, MOOR UNKNOWN) (1F YES GI	MED FORCES?	212-20-7	11 NO.	Gentrude J	T. Gemmil	1, Wh.	72 E. Ha	Church	1
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	Halle	GE OF	Encephia Mycennal	epathy	BROS	m		_
NOIL	PART 2 STHER SIGNIFICANT	HREE	24 DISE	use				N IN PART 110		
CERTIFICATION	190 DATE OF OPERATION	196 COND	INON FOR WHICH O	PERATIO	N WAS PERFORMED	YES NO		WERE FINDIN ING CAUSES		
MEDICAL CEI	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	.M. MONTH DAY .M.	YEAR 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PAR	RT 1 OR PART 2)		
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARI	M, ETC	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	27a I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did in 27b. SIGN (URL)		19		, 19 nd that in (my) (our) opinion of DEGREE		ote and hour			st
	22d PINE LEAN DAME (TYPE	1	AWS n	nD.	ATTENDING PHYSICIAN [	director physic		pital	16/87	_

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottendi should be detached for use as the burial-transit permit. Then please remove corwith the State Dept of Health and Mental Hygrene prior to burial, cremation, or

retained by the hospital or attending physician

TO HOSPITAL OR

BP.

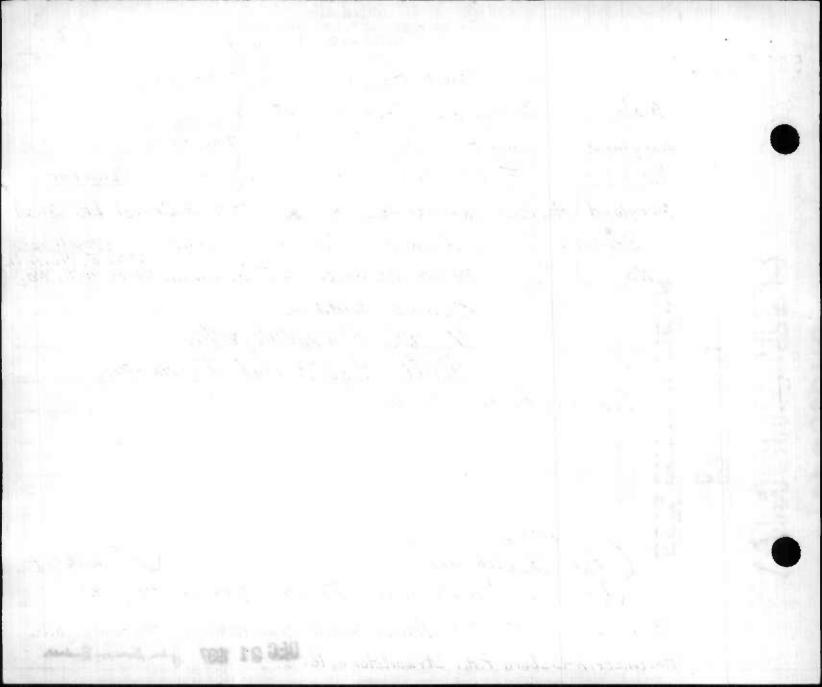
IMPORTANT: If Hem 21 is morked or Hem 18 shows

(VRA 15, 4)

injury, or other troumotic

230 BURIAL, CREMATION, REMOVAL DUCI al 24 FÜNERAL DIRECTOR 198-19, 230 NAME OF CEMETERY OR CREMATORY

BY REGISTRARY SO REGISTRAR'S SIGNATURE



STATE OF MARYLAND

23¢ NAME OF CEMETERY OR CREMATORY

Parkwood

3 € 0 DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Paltimore, Md. 2121

236. DATE

Nov. 25, 1987

230 BURIAL CREMATION, REMOVAL

Burial

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

CITY OR TOWN

Baltimore

dia Dividion Randale

26 HOUR

126 KIND OF BUSINESS OR

21234

Ward

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

MD

IF UNDER I YEAR

INDUSTRY

21050

YES T

COUNTY

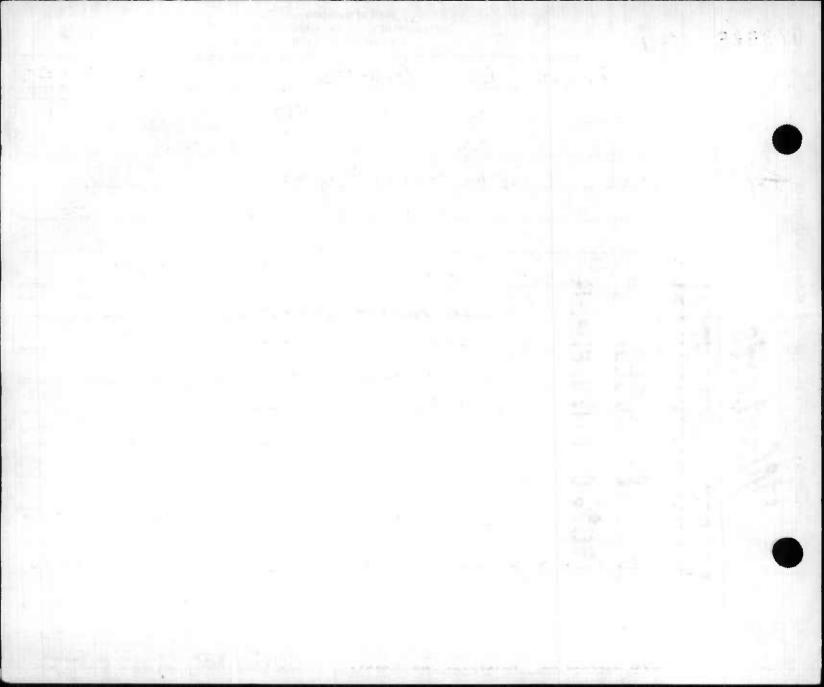
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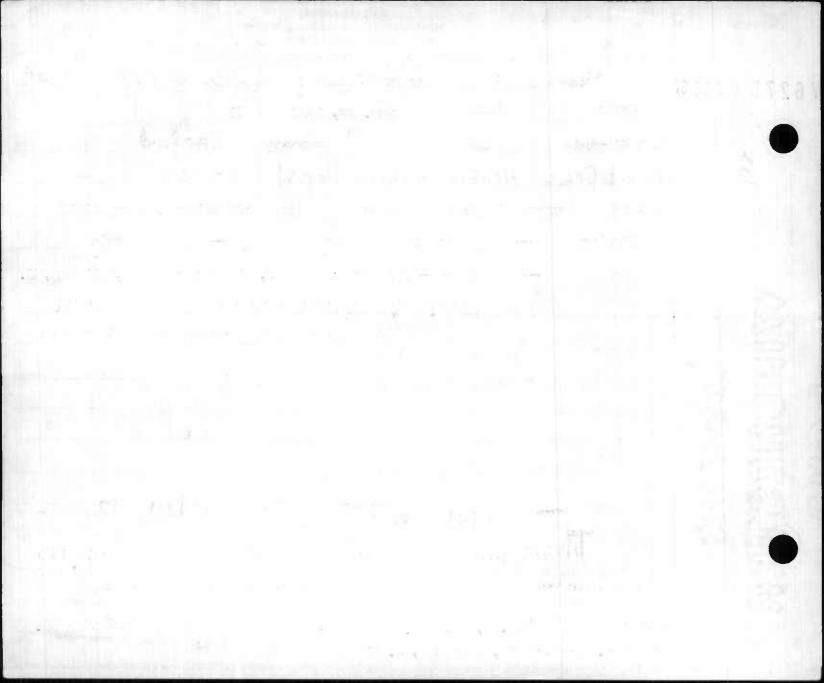
STATE

Md.

Bendix



		1,	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGII	ENE og	9
		Ι'.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
700	7 5 1 28 8	(TYP)	CEASED NAME FIRST PE	earl K Middle Kather	ine "Glendening	20. DATE OF DEATH MONTH	987 YEAR 25. HOUR 8:12 AM
762	7 5 (28 8)	3. SE		4. RACE	5. DATE OF BIRTH JEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	one s		Female	White	Nov. 20, 1926		RS
	2 2 2 E	70. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED EXNEVER MARRIED	BALTIMORE CITY OR COU	INTY OF DEATH
	B 4 30 000		st Virginia	USA	WIDOWED NOOMED N	HANTON	74LD.
101	3166	140	wre de Geace	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Housewife	12b. KIND OF BUSINESS OR INDUSTRY
ND 212	24 hour	130.	AL RESIDENCE (# NURSING HOME ON STATE 136. COUN Yland Harfo	VIY 13c. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	3. STREET ADDRESS 326 Wilson St	reet 21078
YLA	5 5 5	_	ATHER'S NAME		15. MOTHER'S MAIDEN NAM	E	
MAR			Stanley	Chapman	n Eva	MIDDLE	Mcie
MORE, I	Poges 1 on		VAS DECEASED EVER IN U.S. AR		URITY NO. 17. INFORMANT	616 Reckord F	21047 Road, Fallston, Md.
ALTI	i i i i			ily one couse per line for (o), (b), or		OTO TECROTA I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
H	physicienophysicienophysicienovol.		PART I. DEATH WAS CAUSE	DBY: CARDIO		LURE	I HR.
S N S	ding orbo		Drune Dra	DUE TO, OR AS A CONSEQU	ENCE OF		
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05, 20	equires the signed to Then plea	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMIN	VAL DISEASE OR CONDITION	GIVEN IN PART 10
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	low reprior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
OF VITA	PHYSICIAN: The ending physicion this certificote he buriolstronsit for dimental Hygier down tem 18 skel		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	D (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
VISION	\$ \$ \$ \$ \$ \$ \$	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE.	FARM ETC ) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ō	NDING If or oth R. After use os th teolth or		22a.1 certify that (I) (this hospi	tol) ottended the deceased from	11 20 19 87	_, to	19.87 , that (I) (we) fost
	R ATTEN hospital RECTOR red for u			t) view the body after death.		eoth occurred on the dote one	hour and from the couses stated
	AL OR ATTEN the hospital the hospital at DIRECTOR. detached for us of Dept. of He		276 SIGNATURE WWW	trani:	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	12 27 (87) ·
	TO HOSPITAL OR ATTENDING PRESOURCE by the hospital or other TO FUNERAL DIRECTOR. After the should be detached for use as the with the Stote Dept. of Health and IMPORTANT. If them 21 is marked.		224 PHYSICIAN'S NAME ITYPE OF	OR PRINT	1315. UNICN	ATE. HAVREDI	MD 21078
	M Short	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	236 LOCATION	(O) 1/1
	BP		rial	Dec.23,1987 Mt	. Zion Cemetery	Bel Air	Harford Md
	DHMH - 16 50M 1/81 (VRA 15, 4)		uneral director ward K. McComas	s III, Abingđồn,	1250. PATE	RECO BY REGISTRY 251 PE	E S RABASINATORE



075592 DEC 21167 STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

5	5	5	0

1		CEASED NAME	TERST LENCES	PERT	AIDDLE R	Gi	SIDS MITH		ATE OF DEATH MONTH	- 14	87	26 HOH	A <sub>M</sub>
	3. SE)	х		4. RACE		S. DATE C		6. AG	E (IN YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER	24 HRS
	1	MALE		Whit	e e	MONTH 2		3	59 ×	RS MONT	DATS	HOURS	MIN.
×		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9. BA	LTIMORE CITY OR COL		DEATH		
		Mass.		USA		WIDOWE	D DIVORCED		HARFOR	59			MD.
	10 CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a U	ISUAL OCCUPATION OF WORK FOR MOST OF WORK		B. KIND O	F BUSINE	SS OR
		ALLSTON		FALLS		NERA	12 Hosp.	Re	etired Army.				
1	13a. S	Maryland	136 COUN Harf	TY	GIVE RESIDENCE BEFOR 113c. CITY OR TOW Abingdo	VN	13d. INSIDE CITY LIMITS YES NO	3	REET ADDRESS / ZIP 0 26 Regal Dr		210	09	
5	14. F.A	Willis	-	opold	Golds	nith	Ethel	INAME	Violet		Denni	s	
Ü		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17. INFORMANT		ADDRESS				
9		Yes	Kore		014-20-7	7325	Edith Gold	smith	S.A.A.				
		18 CAUSE OF DEATI PART I. DEATH W	H (Enter onl AS CAUSED IMMEDIATI	y one cause per ) BY: E CAUSE (a)	ine far (a), (b), or	od icip	u mm	AND	ARRE	57	BETWEEN	MATE INTER	DEATH
		Conditions, if ony, gave rise to imm cause (a), statin underlying couse	mediate ig the last.	(b) DUE TO, OI (c)	R AS A CONSEQUE	C NI ENCE OF	NOT RELATED TO THE T	of Channal C	LUN G	A CIVEN III	~ 3	7	<u></u>
1	CERTIFICATION	190 DATE OF OPERAL					N WAS PERFORMED	200	AUTOPSY? 201	F YES, WE	RE FINDING CAUSES	GS USE	H?
7		21a. ACCIDENT WAS UND		21b. TIME O		AY YEAR	21c. HOW INJURY OCC	CURRED (E	NTER NATURE OF INJURY IN ITE	M 18 PART T	ORPART 2)		
	CAL	(IF EITHER, NOTIFY MEDIC		In .		19							Table 1
	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AND ADDRESS.	HILE	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC }	211 LOCATION STREET	7	CITY OR TOWN	1	P)	5	TATE
	Ä	220 I certify that II saw the decease			e deceased from (	, or	. 0	nión death a	occurred an the date onc	hour and		couses sto	we) last
1		274 PHYSICIANS N	-//6	ille	W		ATTENDING PHYSICIAN		OICAL STAFF CTOR PHYSICIAN		121 DATE :	14	187
/		JUAN	P.	EDW	Anys		22. ADDRESS 2012 B	TA	re res,	in	7	2-10	147
		BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATO	RY 230	West Cheste	CO	heste		'βa.
	24 FI	Crematio UNERAL DIRECTOR	n	12/17/	8/ K.	A. Fer		DATE REC	West Cheste				ra.

DHMH - 16 60M 7/84 (VRA 15, 4)

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Farring Funeral Home, PA, Aberdeen, Md. 21001-3399 | OEC 18 1987 | Julia Devilson Professional P

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879 DEC	4 8	EOR STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. NO.	5 8 5 1
. 64		CEASED NAME FIRST	MIDDLE	•	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
moy be . poge 3		IRENE			SWEILER	Dec.	8 1987 10:50 M
fer p	3. SEX		4. RACE	5. DATE	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
Poge 4 director.		emale	White	10	11 1895	92	YRS.
2 P P P	7s. BIF	RTHPLACE (STATE ORFOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	UNTRY? B. MARRIE	D NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF DEATH
e e e	14 00	Maryland	USA	WIDOW		MARI-OR	4
by the further for the filed with	H	TY OR TOWN OF DEATH AVAL DE GRACE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G HAR FOR	D INEN	DROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemaker	DRKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
filled in Sould be	13a. S	RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY 13c CITY	nce before admission) or town rdeen	13d. INSIDE CITY LIMITS? YES (X) NO [	13e. STREET ADDRESS 684 W. Bel	Air Ave 21001
	14. FA	THER'S NAME Frederick		pkin	15. MOTHER'S MAIDEN N FIRST Affena	AME	Wychgram
		/AS DECEASED EVER IN U.S. A es, no or unknown) (if yes, g No	IVE WAR OR DATES)	48-5089	17. INFORMANT Earle Goswe:	iler S.A.A.	
physical physical organization or gapers emoval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	inly one couse per line for (o ED BY ITE CAUSE (o)	DIAC	MARKES	T	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH 3 MIMICES
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d by the leose remain. cremo		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	45 CULH	Wouffi	CIENCY	2 WEEKS
signe to bur hjury,	NOI	PART 2. OTHER SIGNIFICANT	TTIS (INFL	AMMT?	NOT RELAYED TO THE TER	PNEUL	nov14
The law re icion.  te has been sit permit. I giene prior shows any io	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	R WHICH OPERATIO	ON WAS PERFORMED	YES NO NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES \( \sum \text{NO} \square \text{NO} \square
tYSICIAN: The It ding physicion. is certificate has burial-transit per Mental Hygiene ar Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPART 2)
the the ond ond ced of	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z = S S T S		22a I certify that (I) (this hasp sow the deceased alive a	13 /00	19 87	nd that in (my) (our) apinio	7, to 12.0 n death occurred on the date	and hour and from the causes stated
DR A thos thed ched Dept them		226. SIGNATURE	Con view me body drier deal	1	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR □ PHYSICIAN	22c. DATE SOMED / 2/9/87
retained by the retained by the TO FUNERAL Is should be deton with the State [IMPORTANT: If		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	Z Jacoba C This Clark	
5 6 6 3 3	23a B	URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION	COUNTY CTACE
BP	(	Burial	12/11/87	Baker'	s Cemetery	Aberdeen	Harford Md.

Tarring Funeral Home, PA, Aberdeen, Md. 21001-339

DHMH - 16 50M 1/81 (VRA 15, 4)

CANTO CONTROL Add the second of the second of the second ALERT FALSE the state of the s The same of the sa

DEC 11 087 ( ... Securitation )

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 073352 NOV MEDICAL EXAMINER'S CERTIFICATE OF DEATH TOECLASED NAME REG. NO 20. DATE KNOWN 7b HOUR MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Zimmer Robert Haberstich 11-23-1987 3. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE YEAR LAST BIRTHDAY) 5:40P PRONOUNCED White June 4 1946 DEAD 41 M Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Harford County Md U.S.A. WIDOWED ... DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ility Systems OR INDUSTRY Aberdeen 614 Law Street Hospital Aberdeen 13d. INSIDE CITY LIMITS? 614 Law St. 21001 Harford YESX 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lewis Haberstich Gertrude H. August 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Clare A. Barry (friend) same address 216-48-1683 no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Hanging TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN IN EXECUTE THE CRETIFICATE, WRITING THE WORD "BENDING." IN PERCEL IN IT PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBAL TRANSITATE DEPARTMENT OF HEATH AND MENTAL HYGH BATTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGH BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION OR REMOVI DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES & NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 11-23- 1987 Subject Hanged self 214 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME AT WORK D NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN home 614 Law Street Aberdeen Harford County MD 220 I certify that Line Autopsy X that te of the remains described above, held on Inspection Suicide X death resulted from Homicide Undetermined monner tident TITLE (SPECIFY) ACTUAL SIGNATURE M.D. Assistant MEDICAL EXAMINER SIGNED 11-24-87 EXAMINER'S NAME (TYPE OR PRINT) Charles P. Kokes, M.D. ADDRESS 111 Penn Street baltimore MD 21201

07/84 BP DHMH - 17 (VR A15 ME (5))

24 Schimunek Funeral Home, Inc.

Burial

230. BURIAL, CREMATION, REMOVAL 23b. DATE

11/25/87

23c. NAME OF CEMETERY OR CREMATORY

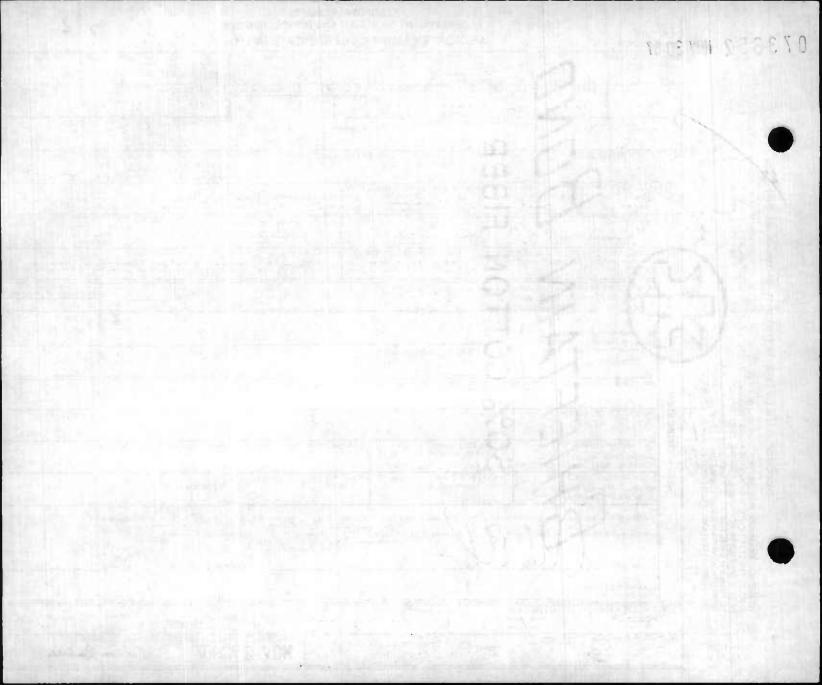
BelAir Mem. Gardens

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE I lia Divideon Randale

Baltimore

Md.

23d LOCATION



STATE OF MARYLAND

70151 0500	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HY	GIENE / REG. N	5 8	5 5	3
7645 ULU 2	(TYPE	CRASED NAME FIRST ORPRINT) MERRIT	T	MIDDLE	HA	DRY	20. DATE OF DEATH DECEMBER 24			3:00P M
4 ma or, po	3. SE		4. RACE		S. DATE	H DAY YEAR	6. AGE (IN YEARS LAST BIR			OURS MIN.
oge curs		MALE		WHITE	JULY	3, 1929	58	YRS		
rerol di from 72 po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN	OF WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY C	ORD COUNTY		MD
The day of	10 C	TY OR TOWN OF DEATH		OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION .	126 KIND OF E	SUSINESS OR
5 3		HAVRE de GRACE		O SENECA AVEN			(RET) MACHINI	IST	FED GOVT	(APG)
ND 212	13a, S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		13c, CITY OR TOW HAVRE de C	N	136. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 310 SENECA A	VENUE		210
F F F	14. F.A	THER'S NAME	UND	THAVRE UE	THEE	15. MOTHER'S MAIDEN NA		VENUE		2107
AR 3 155/47		FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
complet	_	HARRY	В.	HAORY		WILHEMIN			MER	GLER
MORI n ond poges			RMED FORCE: IVE WAR OR DATE: 2–1954			17 INFORMANT ROSE MARY HADE	ADDRI XY SA	AME AS #1		TE INTERVAL SET AND DEATH
201 W. PRESTON ST., BALTI es that the death certificate b ned by the attending physical please remove corbinappers. urial, cremotion, or removal. v, or other troumotic event, the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO	), OR AS A CONSEQUE ), O, OR AS A CONSEQUE	-	Isilieure Congestive	Cardion heart for	ujop	tl,	
low requires so been signed emit. Then plue e prior to burilly, on y injury, on	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO I	DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	IN PART Iro	
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NG PHYSICIA offending p offer this certification of the burioli-	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK		CE OF INJURY E STREET, FACTORY, OFFICE, F	ARM, ETC }	211. LOCATION STREET	CITY OR TO	)wn	COUNTY	STATE
ATTENDIN sospital or ECTOR: Af ed for use of of af Heolelism 21 is mo		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (glid) (did n 22b. SIGNATURE	vec	4 1 19 1		nd that in (my) (our) opinion	death occurred on the d		, the and from the co	uses stated
by the h by the h ERAL DIR State Dep		226 PHYSICIAN'S NAME LIVE	W L	Po	luc	ATTENDING   PHYSICIAN	MEDICAL STA		12/2	5/87
HOSE bined ould b		BRIAN T.	(							

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP\_

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE BURIAL 290ECEMBER87 23¢ NAME OF CEMETERY OR CREMATORY ANGEL HILL CEMETERY

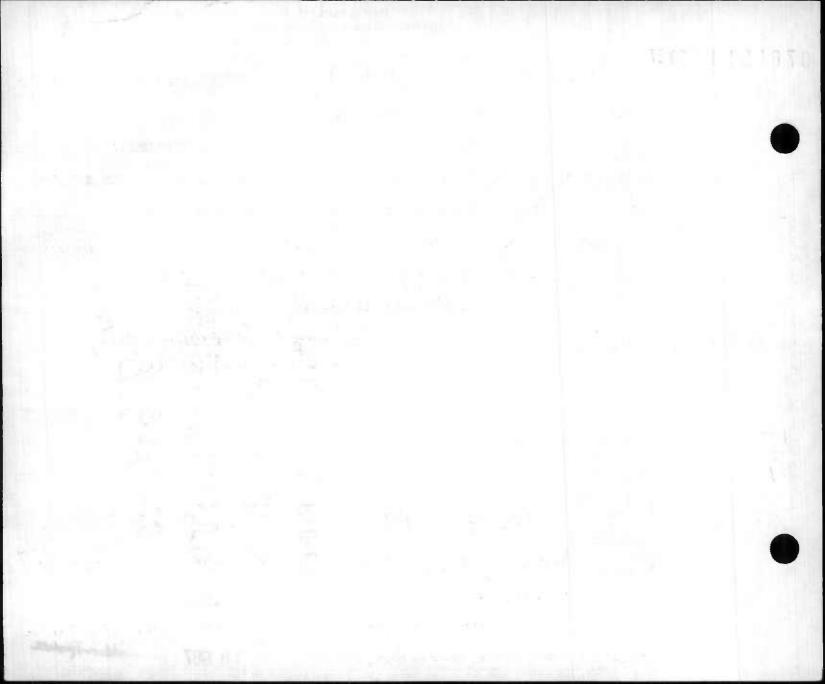
23d LOCATION

COUNTY HAVRE de GRACE, HARFORO CO., MO.

24 FUNERAL DIRECTOR

MITCHELL-SMITH FUNERAL HOME PA, HAVRE de GRACE, MO 21078

25. DATE REC'D. BY REGISTRAR 25. REGISTRAR'S SIGNATURE



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 5	100	חבר ו	0.7	REGISTRAR		CERTIFICATE OF I	DEATH	REG. NO.	and 9107	
J	1.05	tit li		CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MO	NTH DAY YEA	R 26 HOUR
	be 3		11116	Annie	Bell	Hag	a	December 7	, 1987	5:00 ♣
	Pod .	A	3. SE)		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDA		EAR IF UNDER 24 HRS. ATS HOURS MIN.
	ge 4	10		Female	Caucasian	Oct. 25,	1907	80	YRS.	MIN.
	Po de la	(7)		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER		9. BALTIMORE CITY OR C		4
	death unerg	00	1	<i>l</i> irginia	U.S.A.	WIDOWED DI	NORCED [	Har	ford	MD.
	he fu	78/	10 CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET</li> </ol>		TITUTION	120. USUAL OCCUPATION		ID OF BUSINESS OR
201	rs of			arrettsville	3728 Beatty	Road		Housewif	e	Home
21.	hou hou	30		TATE 13b COUR		N 13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS / Z	IP CODE	
AN	124		-		ford Monkto		NO 🔟		ty Road	21111
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X	pe do	0%		Matthew	Hag		argare			armon
S C	xecu nd c	dical			VE WAR OR DATES)			ADDRESS		
, BALTIMORE,	p o uo	92		No	225-18	-9067 Geor	ge V.	Haga Mo		Md.
BAL	cote	1 1 1		18 CAUSE OF DEATH (Enter or	nly one cause per line for a1, (b), a property of BY:	dien A	-		BETW	PROXIMATE INTERVAL
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	1 1	75.4		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF				7
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2,7	20 1 2	10 p	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED	TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PAR	T 1:0
Š	4 997	2 10	ATIC	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED	20g AUTOPSY? 20	Ob IF YES, WERE FIR	ADINGS USED
DIVISION OF VITAL RECO	9 . 0	2002	CERTIFICATION	THE BALL OF GLEANING		TO LINE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER	,,,,,,,	YES NO NO	YES -	ISES OF DEATH?
<u> </u>	10 40	23	ERT	21a ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY IN		
2	36 1	397		OR CONTRIBUTING CAUSE OF DE		AY YEAR				
20	ding as	17	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATIO				
<u>S</u>	0 4 3	puo puo	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, SACTORY OFFICE, F	ARM, ETC.) STREET		CITY OR TOWN	COUNTY	STATE
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	Plant Port	2 0.0		saw the deceased alive an	of) view the body after death.	, and that in (my)	( opinion	death occurred on the date	and hour and from	the couses stated
	* 4 10 38 3	to de		77h SIGNATURE	1. AA 1 =	DEGREE	=11(0)		22c. D	ATE SIGNED
	A 4	100	7.0	XOUND !	Weller . Ms		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10 12	2/7/87
	AGE OF THE PARTY O	DETAN		774 PHYSICIAN'S NAME (TYPE	DR PRINT)	22e ADDRES	SS	TA 31 111	. / .	
	5 P	# the		VAMES -	ON THIN	Box	972	Jan 181/16	MIQ. 24	084
	21.51	1127		URIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR	CREMATORY	23d. LOCATION		51.15
	BP		(	Burial	12/10/1987	Bel Air Me	em. Ga		Harf	ord Md.
	DHMH - 16	60M 7/84	24 FU	INERAL DIRECTOR	ADDRESS			E REC'D. BY REGISTRAR 256		NATURE
	(VRA )		M.	Gladden Kur	tz Jarretts	ville, Md.	• DF	C 0 9 1987	Julia Dande	on . Knodnes
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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
m.f		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 76 HOUR 2
may be page 3 er death		Auber		HANKIUS	YIV	22,1187 5 pm
4 mo	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
oge irect	3 00	Kale	White	Nov. 18, 1911	76 YRS	
eoth. P	Va. Bi	RTHPLACE (STATE OR FOREIGN ) OUNTRY LTGINIA	b, CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	_	Harford MD
s ofter d	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FAGILITY, GIVE STREET	ADDRESS) HOSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SM. Arms&Aminum. D	12h KIND OF BUSINESS OR A DETRICEN
filled in avid be		AL RESIDENCE (# NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS? LIPIST YES NO NO	13e. STREET ADDRESS BAIN	bride 5 21904
ath 12 s	14 FA	THER'S NAME  FIRST A	AIDDLELAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
and and a sed	/_	Alexander	Hanki			Linkous
Poges medico		VAS DECEASED EVER IN U.S. ARA (ES NO OR UNKNOWN) (IF YES GIVE  YES WW	WAR OR DATES!		rtDeposit 10MGs 21 unkins,4447Bainb	
e deoth certificate attending physici move carbanagaper notian, or removal.		PART I. DEATH WAS CAUSED	y one couse per line for (0), (b), on BY: E CAUSE (0) DUE TO, OR AS A CONSEQUI	is pulmon	fuller orthants	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
that the d by the leose rer iol, crem		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF /		
equires an signe Then p or to bur injury,	ATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER		
on. hos bee t permit. ene prio	CERTIFICAT	190 DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
g physics certificate riol-transi entol Hygi	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM )	8 PART   OR PART 2)
attending ter this case the burner of the bu	MEDIC.	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 211, LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital ar STOR: Af for use of af Health		270.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not	11-20- 19-1	ond that in Jany (our) opinio	n death accurred on the date and h	our and from the couses stated
ral OR A y the hos Ral DIREC detached ote Dept		The SIGNATURE	t-m/1		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
HOSPITAI rained by 1		37LVER	STETN	PO BOX8	203 S. WAS AM	STONIST HAVE TO
D = F + 3 ₹	220 5	LIDIAL CREMATION REMOVAL	1225 DATE 27 122	NAME OF CEMETERY OF CREMATORY	1234 LOCATION	1011

lov. 17, 1987

Patterson & Son, Perryviile, Md.21903

Asbury Cemetery

Item 23b, Film G634 12-14-87 dw

per funeral home

STATE OF MARYLAND

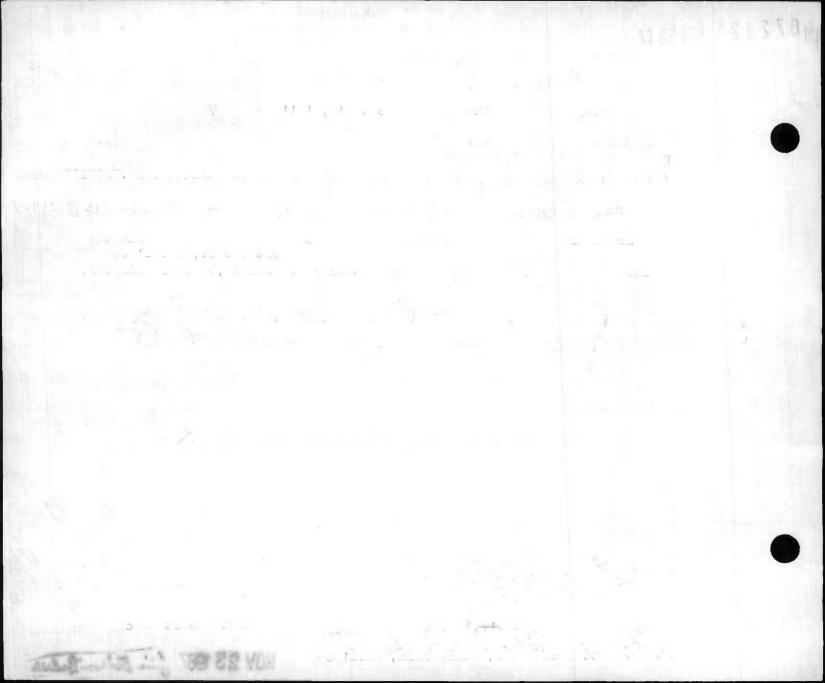
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Linkous Mas 21904 7BainbridgeRd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONDITION GIVEN IN PART ILD 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NOF INJURY IN ITEM 18 PART I OR PART 2) OR TOWN COUNTY STATE (we) lost ne date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION PortDeposit Cecil

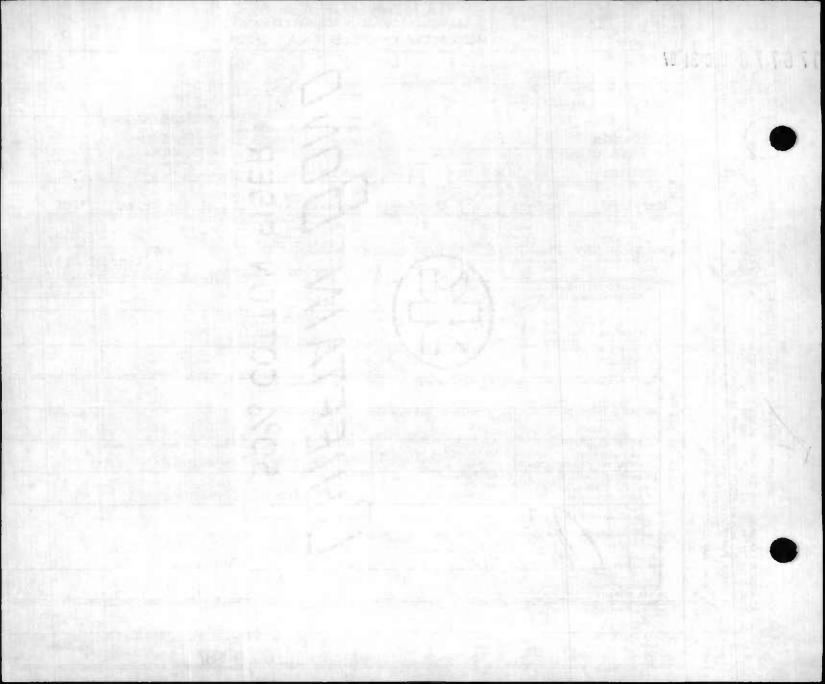
DHMH - 16 50M 1/81 (VRA 15, 4)

23e BURIAL, CREMATION, REMOVAL

072924 NOV 24



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR CEASED NAME 20. DATE KNOWN OF ESTI-IND 3 TO THE FUNERAL DIRECTOR. OF SEATIN PAGE 5 FOR YOUR FILES. OULD BE FILED, WITHIN 72 HOURS ECORDS, 201 W-RESTON STREET, Gregory Scott Hansen DEATH MATED X 87 4. RACE 5 DATE OF BIRTH IF UNDER 1 YR. 3. SEX AGE IN YEARS IF UNDER 24 HRS 2c. DATE 2d HOUR 28 VPS 10:45 PRONOUNCED Male White 59 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA California Harford County, ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS garage at-622 Colaine Drive OR INDUSTRY Aberdeen Foreman A.P.G. SUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? A 3. RF Maryland Harford 622 Colaine Drive 21001 Aberdeen FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST Harriet Jerome Karl Hansen Kav Fraser 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT 424 Hillcrest Drive Aberdeen, Md. 21001 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER I EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING WITH FOR TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1-AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALFLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Jerome K. Hansen 214-72-5278 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Carbon Monoxide Intoxication DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR subject inhaled exhaust fumes from auto CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED AT WORK AT WORK STREET, FACTORY, FARM, ETC 1 622 Colaine Dr., Aberdeen, Harve De Grace, Harford Co., Md. garage aude at the remains described above, held an 22a I certify that I took cl death resulted from Homicide \_\_\_ Undetermined monner TITLE (SPECIFY) ACTUAL DATE 12-22-87 Assistant SIGNATURE Charles P. Kokes, M.D. 111 Penn St., Balto., Md. 21201 230. BURIAL, CREMATION, REMOVAL 236. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION Harford Md. Burial 12/28/87 Aberdeen Baker Cemetery 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399



TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital or attending physician.

3 3

executed within 24 hours ofter death. Page 4 may be

iling physicion and camplerelly filled in by the funeral direction, page 3 arbançapers. Pages 1 and 2 should be filed within 72 hours after death or removal.

ic event, the medical exa

IMPORTANT: If them 21 is marked or them 18 shows any injury, or TO FUNERAL DIRECTOR, After this certificate has been significant be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to built

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SIAIE	10	MARYLAND

1.	FOR STATE	DEPART		EALTH AND MENTAL HYG	IENE 3	5 3 5 7
7.0	REGISTRAR		CERTII	ICAIL OF DEATH	REG. NO.	
	OR PRINT	MIDDLE	, 1	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	ELVA	C. HA.	Raei	V	12-32	-87 0639M
3. SE	K _	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
-1	Female	CaucaSIAN	MONTH	-27-1895		RS.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? .8	D NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
-	laryland	U.S.A.	WIDOWE		HADATON	od. MD
		11. NAME OF HOSPITAL, NURSI			120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
F	Allston	HENOT IN SUCH PACILITY, GIVE STREET	raddress)	Hospital	Spinner	INDUSTRY Textiles
		OTHER INSTITUTION GIVE RESIDENCE BEFORE	RE ADMISSION)			21050 _
130. 5	MD HAR	Ford Fores	F Hill	YES NO NO	1620 Rebe	CCA CF Apt F.
14. FA	THER'S NAME	The state of the s		15 MOTHER'S MAIDEN NAM		
7]	Phillip C	oliver Kra	ft	Martha	WIDDLE	unknown
	VAS DECEASED EVER IN U.S. ARA		URITY NO.	17 INFORMANT	ADDRESS	
(,	res, no or unknown) (IF yes, give	215-07	-6550	Eva M. Buc	ckley sam	ne as above
	18 CAUSE OF DEATH (Enter onl	ly one cause per line forgi, (b), a	nducin		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED		100	noientreu	HEREST	
	IMMEDIAT	E CAUSE (o)		Jy seriou	7,0.00	
		DUE TO, OR AS A CONSEQU	-1A	Shork	•	
	Canditians, if any, which	(b) )ef	110	STICK		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSTOL	JENCE OF	. , ~		
	underlying cause last.	The Head	21101	2175		
	PART 20THER SIGNIFICANT C	ONDITIONS CONTRABILITING TO	DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OR CONDITION	LCIVEN IN PART 1:0
N O	( PRCINAMA	of Colon	DEATH BOT	NOT RELATED TO THE TERM	INAL DISEASE ON CONDITION	GIVER IN PART TIO
AT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED.	20a AUTOPSY?   20b. 1	IF YES, WERE FINDINGS USED
CERTIFICATION	12/4/87	( ARCINON	na o	of Colon	YES NOT INC	ERTIFYING CAUSES OF DEATH?  YES NO NO
ERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121, HOW IN HIRV OCCUPE	RED (ENTER NATURE OF INJURY IN ITE	
	OR CONTRIBUTING CAUSE OF DEA		AY YEAR	ZIE HOW INJOKY OCCORR	CED (ENTER NATURE OF INJURY IN ITE	M 18 PART J OR PART 2)
S	(IF EITHER NOTIFY MEDICAL EXAMINER)		19			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	AT WORK NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE,	FARM ETC )	SINCET	CHTOKIOM	31416
	220 I certify that (I) (this haspit	tal) attended the deceased fram.		. 19	, to	
	saw the deceased alive an	19.	. 01	nd that in (my) (aur) apinian a	death accurred on the date and	d haur and from the causes stated
	The Signature	View the Body after-death.	_	DEGREE		22c. DATE SIGNED
		1 Aug		ATTENDING	MEDICAL _ STAFF	1 12 12 180
	1 4 20099	- au	m	PHYSICIAN [	DIRECTOR PHYSICIAN	12/20151
	22d. PHYSICIAN'S NAME LTYPE OF	1 1 . 10 .		22e ADDRESS	0 . 11	5 1
	(Leorge	NHUUS 13	70.	Fallston.	Eneral /1	12501101.
23e E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
	Burial			ne Park Cem	. Woodlawn	Baltimore Md
24 Ft	JNERAL DIRECTOR	1 / / - / - / - / - / - / - / - /			E REC'D. BY REGISTRAR 25b. RE	
M	Gloddon Viin	rtz Jarrett	esri l'	חבר ב	28 1987 11	P . W .
M.	. Gladden Kur	1 1 Partie C	DV LL.	Te . LIG .	7 0 130 \ 1308	A PARKETTA PER MARK

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

Kindson Pulses

 077071

I. DECEASED NAME

	STATE	OF	MARYLAND	
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DE	CERTIFICATE OF DEATH	8 / REG.	NO.	5	3 3	0	
DDLE	LAST	20 DATE OF DEATH	MONTH	DAY	YE AR	26 HOU	R
4.	HARLAN SR.		12	30	81	625	1
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UN	DERIYEAR	IF UNDER	24 HR5
_	MONTH DAY YEAR	00		MONIF	DATS	HOURS	MIN.

	AMES		H.	4	FARLAN SR.	12 30 81 6			625 A
4	3. SEX	4 RACE		S. D. T. T. D. D. T. T.		6. AGE (IN YEARS LAST BIR		UNDER LYEAR	IF UNDER 24 HRS
Н	MALE	WHITE SEPTI		EMBER 2. 1898	89	YRS	DATS DATS	HOURS MIN	
45	To BIRTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY O	71100	OF DEATH	
5	COUNTRY)	LICA			DI DIVORCED		14000	cern	20 11
d	maryland  NO CITY OR TOWN OF DEATH	USA		WIDOWE G HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS O
7	Harris De Pares		H FACILITY, GIVE STREET A	DDRESS)	11	TYPE OF WORK FOR MOST C			000111200
E.	TAVREDE GRACE	L171213		ING	HOME	(RET) FARME	R	FARMIN	G
1	130 STATE 13b COL		13t. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
	MD HAF	FORD	HAVRE de	GRACE	YES X NO	411 GREEN S	TREET		210
	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		Balcani	1	
1	HENRY	0.	HARLAI	N	FIRST LUCY	VIRGINI	Α	LAST H	UGHES
	160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR		17 INFORMANT	ADDRE			
		GIVE WAR OR DATES)	215 24 633	E	DAVID HADIAN 1	TO VIOLATION OF	EL NTON	MD 2192	0
	NO NO		215 24 633	)	DAVID HARLAN, 1	JZ CLARK SI.,	ELKTON,		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)		DOPP	0	Roservati	on fal	lun	HEWEENS	MATE PUTERVAL
1	DUE TO, OR SECURING ON SECURIN								
	gove rise to immediate								
	cause (a), stating the underlying cause last.	DUE SO. O	MY CONSEQUE	NCEOF	HA UTA			1 5	
		10.3	L XULI	441	MARK			1	
	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1:0	
7	I 190 DATE OF OPERATION	196 CONDI	TION FOR WHICH O	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
X	19a DATE OF OPERATION 19b CONDITION  21a, ACCIDENT WAS UNDERLYING   21b, TIME OF					YES NOT	YES	ING CAUSES	NO
~	21a. ACCIDENT WAS UNDERLYING	210. ACCIDENT WAS UNDERLYING 7 216. TIME OF INJU			21c HOW INJURY OCCURE	- 43			
13	OR CONTRIBUTING CAUSE OF D	EATH	M. MONTH DA						
1	(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE	M.	19	211 LOCATION				
	e		EET, FACTORY, OFFICE FA	RM, ETC )	STREET CITY OR TOWN COUNTY			STATE	
	WHILE NOT WHILE AT WORK								

220 I certify that (I) (this haspital) attended the deceased from

saw the deceased alive on obove, (I) (we) (did) (did not view the body offer debth , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE

22d PHYSICIAN'S NAME

MEDICAL ATTENDING. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

230 BURIAL, CREMATION, REMOVAL 73b. (96.TE

BURIAL

23c NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY

23d LOCATION FOUNTAIN GREEN, HARFORD CO. MD.

24 FUNERAL DIRECTOR MITCHELL-SMITH FUNERAL HOME PA, HAVRE de GRACE, MD 21078

4JANUARY88

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

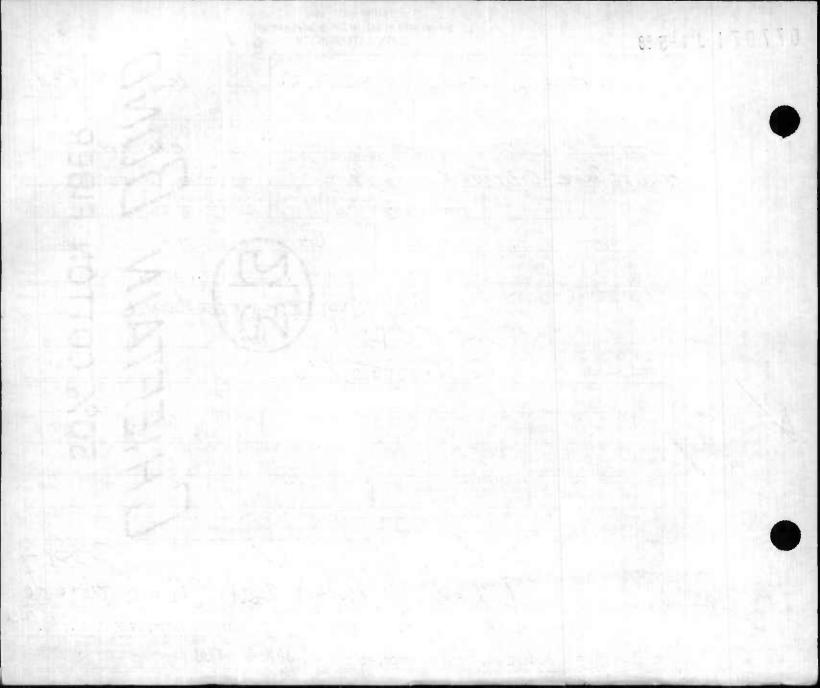
should be detached for use as with the State Dept. of Health

MPORTANT.

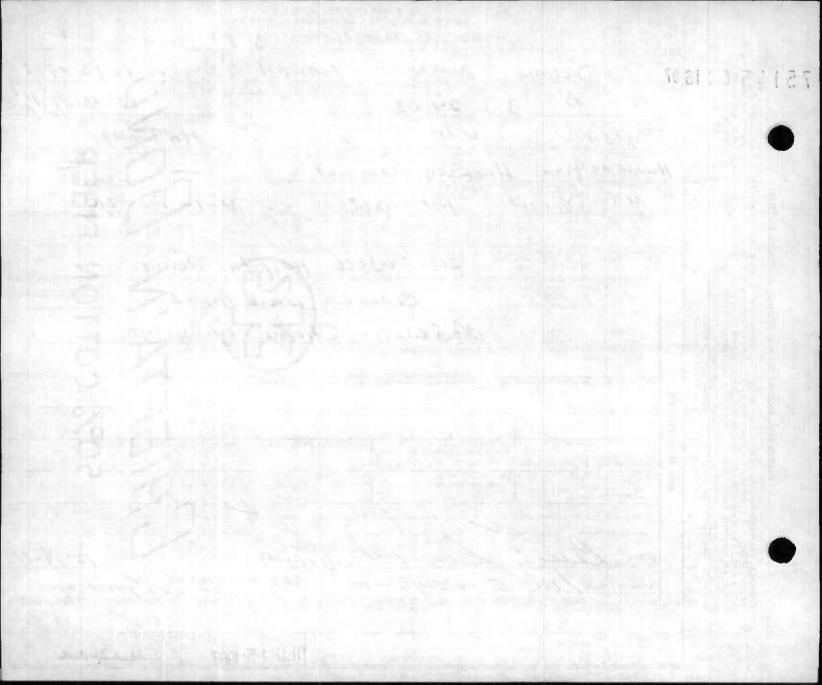
(SPECIFY)

FUNERAL DIRECTOR:

BP.



			FOR		OF MARYLAND ALTH AND MENTAL HYGIEN	E	
		1-	STATE	MEDICAL EXAMINER		Pru s is a	5 9
		1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	. 3 CERTIFICATE OF DEA	ALC: NO.	DAY YEAR TO HOLD
511	MANUEL IS		Ben.		HARRIS	20. DATE KNOWN MONTH OF ESTI- DEATH MATED /2	1319 \$7 2 A
01,	PIPECIES NO STREET	3. SE		DATE OF BIRTH 6 AGE (IN YEARS	IF UNDER 1 YR. IF UNDER 24 HRS. MONTHS DAYS HOURS MIN	20 DATE MONTH PRONOUNCED 12	13 PT DAY
•	NICESSA S. FOR Y WITHIN		PREISIN COUNTRY)	11217	MARRIED NEVER MARRIED P	HARFOR	
1/	PAGE PLED	24	laune de Greu	11. NAME OF HOSPITAL, NURSING HOME, OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  HARFORD MEEN		UAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE)	176. KIND OF BUSINESS OR INDUSTRY
21201	AND 3	13a. S		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. PITY OR TOWN  141 T DEPOS		EET ADDRESS	2904
E, MD.	SSTATE OF THE STATE OF THE STAT	M.E.	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NAME	WIDDIE	LAST
BALTIMORE	AFTER DE NE PAGE 1 FORM GES IN	16a V	WAS DECEASED EVER IN U.S. AR	GE HARVIN ED FORCES? 16h. SOCIAL SECURITY NO PA 263 - 24-3	0. 17 INFORMANT LOU 666 Hospital	HARVIN ADDRESS L Recard	
	EN HOURS NO WITH ERMIT, PA EN AL		PART I DEATH WAS CAUSE	one cause per line for (a), (b), and (c).) BY: CAUSE (a)	wany Heart	Diseas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
. PRESTON ST	NER ALC NER ALC NER ALC SANSIT P TAL HYG REMOV		Conditions, if any, which gave rise to immediate	(b) CONSEQUENCE OF	- Chronic	alcoholism	
, 201 W.	ERAMI RIAL-TR TON, OF	A	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
CORDS	WILD BE EXECUTED WITH THE MEDICAL EXECUTED WITH THE WITH THE MEDICAL EXECUTED WITH THE MEDICAL EXECUTED WITH THE WITH THE MEDICAL EXECUTED WITH THE WI	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	OISEASE OR CONDITION GIVEN IN PART 1 (0)		
AL RE	OULD WER WILL OF HEA	CERTIFICATION	198. DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION	ON WAS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL RECORDS, 201 W.	IFICATE SHOULD 3 THE WORD "PE TO THE CHIEF N HOULD BE USED A ARTMENT OF HEA OR TO BURIAL, O		210 EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR	TIC HOW INJURY OCCURRED (ENTER )	NATURE OF INJURY IN ITEM 18 PART T OR PA	YES NO
DIVISIO	ARDED ARDED AGE 3 SHORT DEPT	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		If LOCATION STREET	CITY OR TOWN CO	DUNTY STATE
	A SA			of the remains described above, held an accuses , Suicide	Autapsy , Inspection .	Inquiry , and in my a	pinion
•	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOUD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN	,	ACTUAL LUCE	Eley4	M.D. Depetty MED	DATE SIGNI	12-14-47
	O MEDICAL XECUTE THE AGE 4 SHO O FUNERAL FTER DEATH ALTIMORE,		EXAMINER'S NAME (TYPE OR PRINT)	Y E RENJEL,	ADDRESS / 40 U	ino de Gra	ell Real
07/84	BP	23a.B	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	DATE 230 NAME OF CEMETE 2/18/87 EASTVIET	CITY	OCATION COU	INTY STATE
25M		24 F	UNERAL DIRECTOR		250. DATE REC'D. BY	RALTO MD.	SIGNATURE
	DHMH - 17 (VR A15 ME (5))	L	EROY O. DYETT	\$¢)) LIBERTY HEIG	DEC 4 F	187 S.E. Karidson	Mandalle .



1 45 35 11 5 8 3 unda meng

Manual L. 101 01 ---

BP.

CERTIFICATION

MEDICAL

## STATE OF MARYLAND DEP

ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
CEI	RTI	FICATE	OF	DEATH	o o	

- STATE 7 PRIGISTRAR		CERTIF	ICATE OF DEATH	6 / REG. NO	) Ly 61
I. DECEASED NAME FIRST	m K	Helser	Jr.	20 DATE OF DEATH MONTH	0-878 PM
3. SEX	4 RACE Ca	JUC S. DATE (		6. AGE (IN YEARS LAST BIRTHDAY)  50 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
Baltimore Baltimore	U.S.F	MARRIE WIDOW	D NEVER MARRIED D	BALTIMORE CITY OF COUNTY	OF DEATH
Fallston	11. NAME OF I	HOSPITAL, NURSING HOME ( HEACHITY, GIVE STREET ADDRESS)	or other institution	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE  Truck Driver	126 KIND OF BUSINESS OR INDUSTRY  AAA TruckCord
Maryland Ha	AE OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Streett	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 2922 Dublin Rd	
William	K. WIDDIE	<sup>LAS1</sup> Heiser	is mother's maiden na Sr. Glädys		Normaits
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	. ARMED FORCES? S GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 2922	2 Dublin Rd.

no	219-26-9139   Mrs. Barrie G.heiser, Streett,	Md.21154
PART I. DEATH W	H (Enter only one couse per line for (0), (by, and (c))	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
Conditions, if ony, gave rise to imm couse (o), statin underlying cause	nediote  g the DUE TO, OR AS A CONSEQUENCE OF	~3 nn

part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 110

	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
				YES 🗌	NO	YES	NO [
١	71n ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21r. HOW INJURY OCCURRED	LENTERN	TURE OF INJUR	Y IN ITEM IN PART I OF PART	21

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M

21d. INJURY OCCURRED 21e PLACE OF INJURY 2/1 LOCATION COUNTY AT HOME STREET, FACTORY OFFICE, FARM, ETC.

(this benefit) attended the decapted from saw the discount alive on above (ii) (we) (did) (bid no iur) opinian/death occurred on the date and hour and from the couses stated

STATE

Th. DATE FIGNED DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION

Burial Belair Harford 11-14-1987 Belair Mem. Gardens NOV 1 6 198 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

E.F.Lassahn,11750BelairRd.Kingsville,Md.21087

The same of

Marie Carrier

DECE SED NAME 20 DATE OF DEATH \* Charles MIDDLE Gilmore MONTH Sr rarles 4. RACE 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH YEAR Male White 1936 Jan. 9. TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fallston Welder Stee 1 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE Harford 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Forest Hill 3002 Grier Nursery Road 21050 YES | NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE Florence Alton Jerome Hilker Certrade Grace 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT Md. 21154 IVES NO OR UNKNOWN HEYES GIVE WAR OR DATES! no 219-32-5950 G.Hilker, Jr., 3259 Dublin Road, Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to), (by and to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RELATED TO THE TERMINAL DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ sho 21n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntal LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 COUNTY STREET CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC 1 norked NOT WHILE 22 a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an\_ and that in (my) (aur) apinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death Dept 226. SIGNATURE DEGREE 22c DATE SIGNED STAFF \* ATTENDING MEDICAL id be deta the State FUNERAL PHYSICIAN MPORTANT DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Buria Forest Hil Harford

Howard K. McComas III, Abinodon, Md. 21009

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC

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REGISTRAR 25h REGISTRAR'S SIGNATURE

IF UNDER 24 HRS

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per la ser l

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

D.	REGISTRAR		CERTIF	ICAIE OF DEATH	REG. NO.		
LIVE	CEASED NAME Altre		Ho	Ister	Decembe	er 5198	76A
I. SE	X	4. RACE	5. DATE C	DAY YEAR	AGE THYEARS INTERPRETED	MONTHS DAT	
_	Female	White	Feb	. 5 1919	68	COUNTY OF DEATH	
	IRTHPLACE   1.1 ATE OR FOREIGN COUNTRY)	THE CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF BEATH	
	ennsylvania	U.S.A.	WIDOWS		HACTOI	d	M
a	TYPE DE GLACE	11. NAME OF HOSPITAL,	PURSING HOME OF	pital	17% USUAL OCCUPATION (TYPE OF WORE FOR MOST OF V Homemaker		O OF BUSINESS O
1.3a	ALRESIDENCE IN NUISHOHOUS STATE UN GOU	INTY TIAL CITY O		YES X NO	308 Thomas	Avenue	21921
	Adolph		AGF	IS MOTHER'S MAIDEN NA Helen	WEDLE	Pryomski	REAL
1	WAS DECEASED EVER IN U.S. A	AVE WAR OR DATES)	AL SECURITY NO.	Delores Schme	ADDRESS		21901 N.E. Md.
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10		PI	NOT RELATED TO THE TERM	inal disease or condi	TION GIVEN IN PART	tio
	1%, DATE OF OPERATION 11%, CONDITION FOR WHICH		WHICH OPERATIO	N WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO NO		
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MER	WHILE OF HIGH WHILE OF	TAT HOME STREET, FACTORY		2/11	1 12/5	- fount	STATE
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	The Signature Ou	10 yr	m'	ATTENDING PHYSICIANIC	MEDICAL STAFF	- 1/2	STA
	TO U	NBY	un	Hame	de gin	1 Mg	, 20/
	BURIAL, CREMATION, REMOVA	AL ZIE DATE	23s NAME OF C	ENETERY OR CREMATORY	23d LOCATION CITY SETOWN	COUNTY	STATE
	Burial	Dec.9, 1987	North E	ast Methodist	North East	, Cecil	Md.
	icks Home for E	Amerais, He	El El	kton, Md. DEC	0 9 1987	SE REGISTRAP'S SIGN	Distance.
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TO HOSPITAL

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT, If hem 21 is marked or hem 18 shows

requires that the death certificate be executing

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retoined by the hospital or attending physician.

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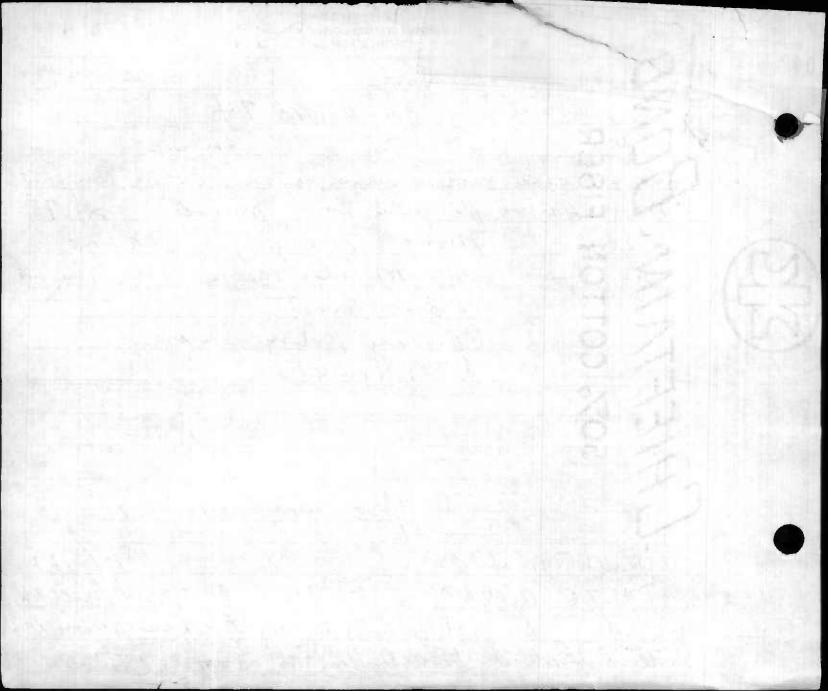
# STATE OF MARYLAND FOR STATE REGISTRAR

STATE OF MAKILAND						
DEPARTM	ENT OF	HEALTH	AND N	RENTAL	HYGIENE	
	CERT	IFICATI	E OF D	EATH	0	

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	REGISTATION	1		REG. NO.	
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1	SEX	4 RACE) / /	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	9 BALTIMORE CITY OR COU	NTY OF DEATH
1	COUNTRY) XA d	115A	MARRIED NEVER MARRIED	HAREDR	100
	CITY OR TOWN OF DEATH	LI NAME OF HOSPITAL AUG	WIDOWED DIVORCED		
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E AH	FATHER'S NAME	MIDDLE THEAST	15 MOTHER'S MAIDEN	MIDDLE	70
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0 / 1160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS	
po /		E WAR OR DATES)	1 6994 17 1	man	ho, 100 -
E	no -	47/7-11	o off factor	Mears (1	Jean, 1
5	18 CAUSE OF DEATH (Enter or	nly one cause per line or (a), (b)	, and ic.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
-	PART I. DEATH WAS CAUSE	1 0/1/	who arms		
5	IMMEDIA	TE CAUSE (a)	1/0	^	
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8	Conditions, if any, which	( 1b) (1c)	onary were	ry Leviss	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OHENCE OF A		
£	underlying cause lost.	10010,000	& My Salun Si		
ō	0.07.0	(6) 1-10 (			
2		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1 a
NO NO	2				
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	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	A SEALER WATONE OF HATORY IN THE M	TO PART OF PART 27
F C	I IF EITHER NOTIFY MEDICAL EXAMINE		19		
d or Hem	21d. INJURY OCCURRED	218 PLACE OF INJURY	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
2	MOI WHILE	(AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC.)		31712
00	AT WORK AT WORK		11/27	7 12/20	D-19
5	220.1 certify that    (this haspi	17/120		, ta	that (It (we) Id
7	sow the deceased alive on	it) view the bady after death.	9, and that in Imy) (our) opinio	an death occurred an the date and	hour and fram the causes stated
e e	ZIA-AGNATURE	1-1	DEGREE		22c DATE SIGNED
-	Bonton n	umshom	ATTENDING		17/2/0-
Z	22 PHYSICIAN'S NAME (TYPE C	o, wy, u,	PHYSICIAN 1220 ADDRESS	DIRECTOR   PHYSICIAN	11-1-11
RTA	A A THE COUNTY	A A A A A		1 1 11	116
MPORT	VANULE	11.MONA	KIL 1622 Jell	nion Are HA	HAU (TVACE, 1
23	BURIAL CREMATION REMOVAL	23b/DATE	36 NAME OF CEMETERY OR CREMATOR		41
	(SPECIFY)	11000 18-87	1100 110	on Grorioun Coo	11 - COUNTY & STATE STATES
- 15	Succes	1000001	thouther la	1. CUICE	7.1077 3-1
7/84 24	FUNERAL DIRECTOR	M 1 -11	1 0 m 6 250 D	ATE REC'D. BY REGISTRAR 256. REC	
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DHMH - 16 60M 7/84 (VRA 15, 4)



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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

077	7079 JI	IN -	5 STATE 5 SEGISTRAR	D		EALTH AND MENTAL HY	GIENE / REG. NO.	3 5 5
	page 3		DECEASED NAME (PE OR PRINT)	arles	llis hu	Hudson Son	26 DATE OF DEATH MONTH	0 87 26 HOUR 40
	Ter pe	3	SEX	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	ge 4		Male	Caucasian		15, 1935	52 YRS	
-	\$ 5 B	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	nero na 72	2	Virginia	U.S.A.	WIDOWE		Hartord	MC
5	by the fu	10	Fallstun	11. NAME OF HOSPITAL	WE STREET ADDRESS	eneral	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  Machanist	126 KIND OF BUSINESS OR INDUSTRY  AT&T
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2	24 h	man of the	irginia Mon		ortown stiansbur	PYES NO 1	13e STREET ADDRESS / ZIP CODE	1 . 2 . 4
IA	\$ 5 S		FATHER'S NAME	LEGIMELY TOTAL	SCIANSDUL	IS MOTHER'S MAIDEN N	Rd. 4. Box 255	/24073
A R	de de	10/	FIRST		LAST	FIRST	WIDDLE	[AST
₹	of Control	1/4	Arthur E  WAS DECEASED EVER IN U.S. A		SON IAL SECURITY NO	Dovie 17 INFORMANT	Pauline	Albert
ORE	ond ond	21"		EIVE WAR OR DATES)	IAL SECURITY NO			
MI.	S. Pe	1	Yes	223	<u>-44-0403</u>	Frances Spic	er Hudson (wife)	Same as 13
BAI	ote per t. fb		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
H	of the second			ATE CAUSE (a)	ARDIAC A	RREST		10 junites
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8	2 111		gove rise to immediate cause (0), stoting the					0
``	by by sse l, cr	450	underlying cause last.	DUE TO, OR AS A CO	MASSIV	E Cevelino Va	scular Accident.	4 elys.
201	ed bearing		DART 2 OTHER SIGNIER AND	(6)			MINAL DISEASE OR CONDITION GIV	VENUINI PART 1 co
50	sign sign hen to bu	1		COMPINONS CONTRIBUT	ING TO DEATH BOT	NOT RECATED TO THE TER	WIIANT DISEASE OK COIADIIION OI	AFIA HA LAKI 110
8 0	lip. I	7	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS DEDECTARED	20a AUTOPSY? 20b IF YE	S, WERE FINDINGS USED
#14	bos b	18	2 In Date of Ortical Ort	The Condition of	C TTTTETT OF ERRATIO	TO THE OWNER	IN CERTI	FYING CAUSES OF DEATH?
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>	ficate front	45.	OR CONTRIBUTING CHIEF OF D		NTH DAY YEAR	ZIE HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART TORPART 2}
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	TTEN portal for u		saw the deceased alive a	not) view the body after deal	1987	nd that in (my) (aur) opiniar	death occurred an the date and has	ur and fram the couses stated
	R A hos		226. SIGNATURE	Va. Me		DEGREE		221. DATE SIGNED
	the Dodge		- 15/3 Day	Fale.	1	7 ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12/30/87
	By by by Stole de		226 PHYSICIAN'S NAME (TYPE	OR PRI		22e ADDRESS		
	O HOSPIT etoined by TO FUNER should be with the St		FRANZ C. U	ELLA-CAMILI	LERI	827 Lind	len Ove Bollo 11	(D 21201
	should with IMPO	0.2	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	234. LOCATION	
10	0,000	23	[SPECIFY]				CITY OR TOWN	COUNTY STATE
17	BP		Burial	1 Jan 88	Fairvie	w Cemetery	Narrows, VA	
	DHMH - 16 60M 7/84		FUNERAL DIRECTOR		ADDRESS	25g A	NE REATO. BY MEDICORAR 25% REGIS	I MAN'S SIGNATURE
	(VRA 15, 4)		Capitol Funeral			, VA		

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executed within 24 hours ofter deoth. Page 4

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP DHMH - 16 50M 1/8 (VRA 15, 4)

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar should be detached for use as the buriol-transit permit. Then please remove corbon papers, with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

nd completely filled in by the functal director, page 3

FOR - STATE

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STATE	170	PR 4	3 M Y I	AMII	

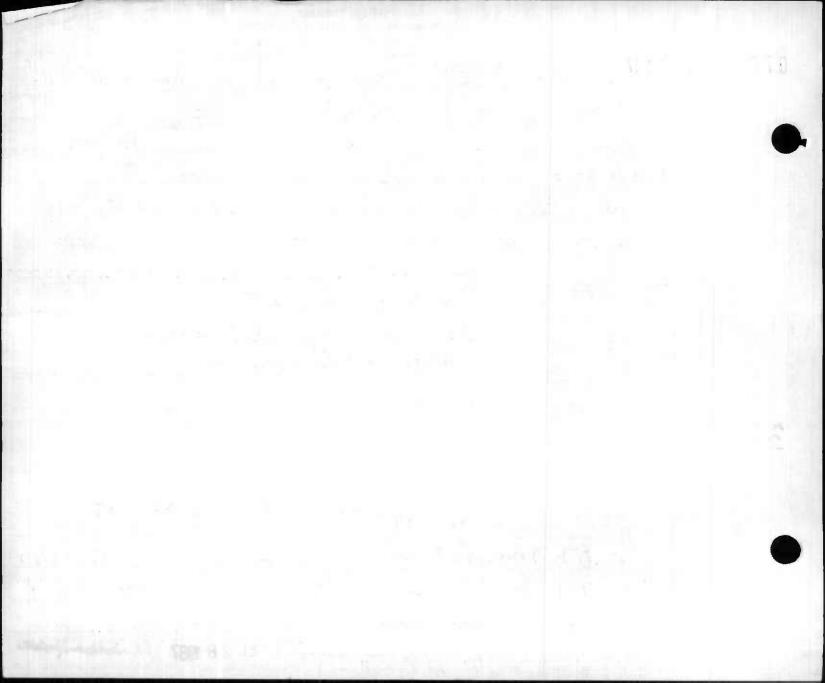
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				REG. N	O.	
DE		GEASED NAME FIRST MAG	(LITZINGE	R) 11.	AST	20. DATE OF DEATH	MONTH DAY YEA	26 HOUR 10
	3. SEX	11	4. RACE	5. DATE C	iney	6. AGE (IN YEARS LAST BIR	IC 22, 198	EAR IF UNDER 2 HRS
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	7a B1	RTHPLACE (STATE OR FOREIGN	WHITE  76. CITIZEN OF WHAT C		27, 1906	9. BALTIMORE CITY O	R COUNTY OF DEATH	1
1		COUNTRY)		MARRIE	D NEVER MARRIED		I lau	
7	10 C	MARYLAND TY OR TOWN OF DEATH	USA 11. NAME OF HOSPITA	WIDOWE		12e USUAL OCCUPATI	- V	ID OF BUSINESS OR
	al.	100 1. 00		GIVE STREET ADDRESS)	1. 1.	ETYPE OF WORK FOR MOST C		
-,01		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIL	DENCE BEFORE ADMISSIONI	1705 pilal	HOMEMAKER		
3		Hd. 136 COU	VITY 13c CIT	12 LL GMC	YES 🛛 NO 🗌	552 Wa	rren St.	21078
12	14. FA	THER'S NAME FIRST	WIDDIE	LAST.	15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAST
		CHARLES	HENRY	NELSON	HENERITT	Α		ESBECKER
1		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	
1		NO	220	-05-1635	MRS. FLORENCE BR	ENNAN, 713 N.	STOKES ST.,	HdG, MD 21078
q		18. CAUSE OF DEATH (Enter or	aly one cause per line for	(o), (b), (b)(c).)			BEJW	PROXIMATE INTERVAL
		PART 1. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	MAC	win			
			DUE TO, OR AS A C	ONSEQUENCE	and the second	1 10		
		Conditions, if ony, which	( (b) J(V)		many of	WSIAS		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A	ONSEQUENCE OF	M			
		underlying cause last.	(c)	runo	sumon.	J		
		PART 2. OTHER SIGNIFICANT		ITING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PAR	T 1(0)
	ē	INI	nmom					
September 1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	
X	E					YES NO X	YES 🗌	но 🗆
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJUR	Y ONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	(2)
1	3	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJU		211 LOCATION STREET	CITY OR TO	wn County	Y STATE
	>	AT WORK NOT WHILE				1 49		
		220.1 certify that (I) (this hosp	ital) attended the decea	sed from	-19 19 8	, to	22 1987	, that (1) (we) last
		sow the deceased alive probave, (I) (we) (did) (did no	ot) view the body ofter de	19 A , or	nd that in (my) (aur) opinian d	death occurred on the d	ate and hour and from	the couses stated
		SHA GIGNATURE	15		DEGREE			ATE SIGNED
		Dante hi	much	Eury	ATTENDING PHYSICIAN	MEDICAL STA	IAN   /2	1/23/67
1		274 PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS	10		01.10
		DANTE U.	MONAR	11	HANGE (	aborre	1, Mel	21078
		BURIAL, CREMATION, REMOVAL	23b. DATE	23E NAME OF	EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY	STATE
		BURIAL	24DECEMBER87	HARFORD	MEMORIAL GARDENS	ABERDEEN.	HARFORD CO.	MARYLAND
	24. FI	UNERAL DIRECTOR		ADDRESS	25e. DAIE	REC'D. BY REGISTRAR		
	M)	TCHELL-SMITH FUNER	AL HOME PA. HA		MD 21078	LU 4 8 1981	gulia Deund	

MITCHELL-SMITH FUNERAL HOME PA, HAVRE de GRACE, MD 21078



requires that the death certificate be executed within 24 hours after death. Page 4 may be

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signed by

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b. TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician

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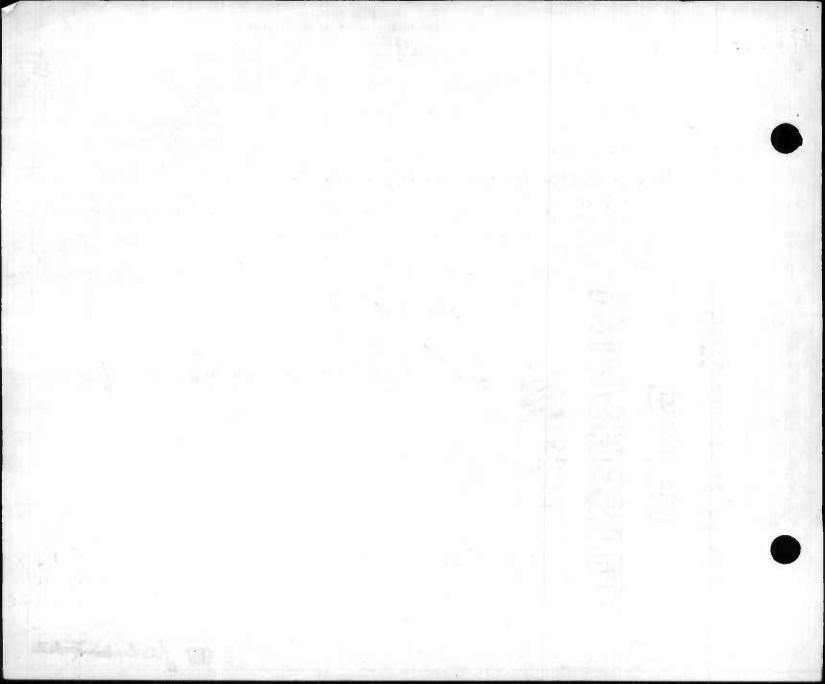
### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28	7 STATE REGISTRAR	CER	TIFICATE OF DEATH	REG. NO	3 3 9	
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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3	Jom ale	RACE Megro 5. DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY)  IF UNDER LYEAR  MONTHS DAYS  YRS	FUNDER 25 HRS HOURS MIN.
5	BIRTHPLACE STATE OF FOREIGN 7	//) /	RRIED PNEVER MARRIED DOWNED DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEATH	WC
4	Lave de Crace	1. NAME OF HOSPITAL, NURSING HOMES INFORM SUCHMACIUMY GIVE STREET ADDRESS HOME AND ADDRESS		LETTE OF WORK FOR MOST OF	WORKING UFE) 126 KAND O INDUSTRY	F BUSINESS OF
4	3d. STATE A 13b. COUNT	other institution give residence before advisory  Mic City or Town  Aufer Jane de J	YES NO	13 STREET ADORES	epel Pl.	210%
Ŏ	A FATHER'S NAME	murchasism	15. MOTHER'S MAIDEN NAM	Wilder	Eva	ins
	60 WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) LO 20-50	27. INFORMANT	a. Jam	1/2	la The
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	· MI		APPROX. BETWEEN	MATE INTERVAL ONSET AND DEATH
)	_	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH	Perpheral T	MALLED AS	US CALLED THE THE THE	0
7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDING CAUSES YES T	
	OR CONTRIBUTION CAUSE OF DEAT		21c HOW INJURY OCCURR			
	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
	220.1 certify that (I) (this haspite saw the deceased glive on above, (II) we ideal (disturct the SIGNATURE)	view the body after death.	, and that in (my) (our) opinion of DEGREE	death occurred an the da	F 224 DATE	couses stated
1	THE PHYSICIAN'S NAME LINE CO	t Lee	22 ADDRESS WOULD	Wed Cly	un Haur	e de
2	30 BURIAL CREMATION, REMOVAL	236. DATE 26-8 236 NAME (	OF CEMETERY OR CREMATORY	23d LOCATION City or Town	out county	for the
2	4 FUNERAL-DIRECTOR	2 11 1 21	250 PAI	E REC'D. BY REGISTRAR	REGISTBAR'S SIGNAL	Mile almay

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



FOR

with

BP

DHMH - 16 50M 1/81

(VRA 15, 4)

8 Hours. MI. Vent Tachy cardia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 271 DATE SIGNED DIRECTOR PHYSICIAN 1908 HARFORD RD. FALLSTON MD 21047 PARFKH M.D 23a BURIAL CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN OSeDAN 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRER ISING SUN Weindoon Bondall

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

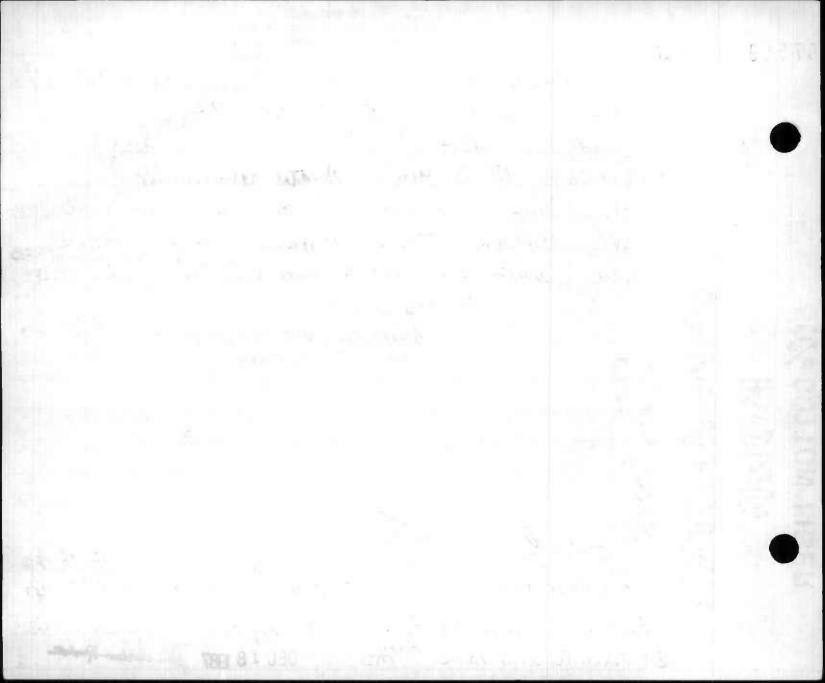
26 HOUR

126 KIND OF BUSINESS OR

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INDUSTRY

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## STATE OF MARYLAND

)EP	ARTMENT	OF	HEAL	HT.	AND	MENTAL	HYGIENE
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o 25		CEASED NAME (RE)		MIDDLE	-	ST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR P
noy be page 3		Ear		onald		nes		December	7	1987	3:10 %
# 5 A	3. SE		4. RACE		5. DATE O	DAY	WEAD	6 AGE (IN YEARS LAST &	RTHDAY)	MONTHS DAYS	HOURS MIN.
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	20	TY OR TOWN OF DEATH rrettsville		HOSPITAL, NURSII CHEACILITY, GIVE STREET W. Jarr			oad	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Farmer		LIFE) INDUSTRY	of BUSINESS OR
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BALTIMORE, one be execu- or one and open floor ovel		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT		ADDR	ESS		
WI 10 54 1/		No		P17-03-	5336	Margare	et P.	Jones	sai		above
BAL		PART I. DEATH WAS CAL	only one cause pe	r ling for (a), (b), or	nd (c).1	0.0.	with	Line with	f.	BETWEEN	CIMATE INTERVAL ONSET AND DEATH
· 2 * 4 * 5 * 5			ATE CAUSE (a)	Carcuis	XIIO	LOUDII.	wh	11. wes proxic	SCUBL	7	195
ON the state of th			DUE TO, O	R AS A CONSEQU	ENCE OF	/					
deo deo		Conditions, if any, which gave rise to immediate	( (b)_			Spirit	121.9				A-114 J
V. PR		course (a), stating the	DUE TO, C	R AS A CONSEOU	ENCE OF						
tho the color of t		underlying cause last.	161_								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  NGS PHYSICIAN The low crequires that the death certificate by the otherwing pays the busidiffusion has been against by the otherwing on the busidiffusion perior to be busidiffusion by the please remove carbon th and Mental Mydiner prior to be busidiffusion or removed or hem. If it is buside, are multiple, or removed or hem. If it is the busidiffusion is the busidiffusion of the b	NO	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	IDITION G	IVEN IN PART I	а
SO THE PARTY OF TH	IFICATION	19s DATE OF OPERATION	19b. CONE	OITION FOR WHICH	OPERATION	WAS PERFORME	D.	20g AUTOPSY?	206 IF Y	ES, WERE FIND	NGS USED
N D D D D D D D D D D D D D D D D D D D	IFIC	4/23/87	Ca	Iciliones.	Retain	union Cas	an.	YES NO NO	/ IN CERT	IFYING CAUSES	
ATTA	CERT	21s. ACCIDENT WAS UNDERLYING		OF INJURY	14 150 P	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU			140 []
OF STATE OF	1000	OR CONTRIBUTING CAUSE OF	ACCOUNTS OF THE PARTY OF THE PA	.M. MONH D	AY YEAR*	-	1				
ON State of the st	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OFINIURY		211. LOCATION					
VISI	×		(AT HOME S	REET, ENCYORY, OFFICE.	FARM, ETC )	STREET	-	CITY OR TO	NW	COUNTY	STATE
D SA STORY	23	22a.   certify that (I) (this ha	ospital) attended t	he deceased from_	3	7-6 19	9 61	10 12/	3	19 8 7	that (I) ( last
2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sow the deceased alive	an	5/19- 19	87 an	d that in (my) (	) apinian de	eath accurred on the d	ate and ho	our and from the	
A 10 A 10 A 1		obave, (1) (30) (alth (dia 77) SIGN MUNE	nat view the boa	y after death.		EGREE				22c. DATE	SIGNED
PITAL O by the EFAL D Store D AMT. II		XILINOS	f Will	(D30)		PHYS	NDING SICIAN	MEDICAL STA		124	4/87
HOSPIT DELINE DE SALVES ON THE SA		THUES F	11/4/	JE 1115	7	22e ADDRESS	7 \ 7	200 de ilh	1100	20001	6
54 544 3	73a 1	URIAL CREMATION, REMOV	AL TELL DATE	122.	NAME OF C	METERY OR CREM	NO PY	123d LOCATION	MA	400	
BP		Burial	12/6/			n Watte		Coopto	מיים	COUNTY	d. Md.
	24. F	INERAL DIRECTOR					25a. DATE	REC'D. BY REGISTRAR			PIRE
DHMH - 16 60M 7/84 (VRA 15, 4)	M.	Gladden Ku	rtz J	arretts	ville	, Md.	DEC	0 9 1987	Julia	STAR & SIGNA	

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STATE OF MARYLAND

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NOV 24 1982 Aut. Dates

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DHMH - 16 50M 1/81 (VRA 15, 4)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIEVE CITY OF TOWN Westview Crematory Cremation Catonsville Balto. Md. 24 FUNERAL DIRECT Martin D.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126. KIND OF BUSINESS OR

Red Cross --

Charnock

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

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TERRETER SECTION OF THE PROPERTY OF THE PROPER Mark Charles and the second of the second of

requires that the death certificate be executed within 24 hours

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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STAT	re of	MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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EG. NO.	2	S		4

Lili Trigles Bridge

	REGISTRAR		CERTIFICATE OF DEATH	3 / REG. NO.	00/4
	CEASED NAME FIRST PE OR PRINT)  Clift	on Walter F	Kilburn	December 4,	1987 9:194
3. SI	Male	A.RACE Caucasian	5. Date of Birth Feb. 6 or 1917	6. AGE (IN YEARS LAST BIRTHDAY) 70	IF UNDER I YEAR IF UNDER MONTHS DAYS HOURS
/ /	BIRTHPLACE (STATE OR FOREIGN COUNTRY) COUNTRY) COUNTRY)	76. CITIZEN OF WHAT COUNTRY? $U.S.A.$	MARRIED NEVER MARRIED WIDOWED DIVORCED	Harford Co	
CN	Norrisville	2752 E. Churc	ch Lane	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!)  LOGGET	12b. KIND OF BUSINE INDUSTRY  Logging
130. P€	JAL RESIDENCE OF NURSING HOME OR STATE 136 COUN PNNSYLVANIA	other institution, give residence before ITY  York  Stewarts	Stown 13d INSIDE CITY LIMITS?	134. STREET ADDRESS 8 Memory La	ane 9999
ex	Harry Gi	over Kilbu		Florence	Henry
		MED FORCES?  E WAR OR DATES)  Army  170-24-	140d Mary L. K	ilburn Lane, Stewart	tstown. Pa.
CERTIFICATION	PART 2. OTHER SIGNIFICANT C	-070	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY?   20b. If	GIVEN IN PART 110  FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH
-1 -1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19	YES NO CENTER NATURE OF INJURY IN ITEM	YES NO
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM ETC ) 21f. LOCATION STREET	CITY OR TOWN	COUNTY ST
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	saw the deceased alive on	Belly up	DEGREE ATTENDING	deoth occurred on the date and	220 DATE SIGNED
730	BURIAL, CREMATION, REMOVAL	B - (10MM)	NAME OF CEMETERY OR CREMATORY	1339 TOCATION	V, DK. 1934
24 1	Burial FUNERAL DIRECTOR		t. Olivet Cem.	Fawn Grove	York, Pa.
Н	artenstein-Or	sburn F.H., St	ewartstown, NFI	110 moz deli	Trieden Broken

BP DHMH - 16 50M 1/BI (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEGISTRAR CERTIFICATE OF DEATH DECEASED NAME 20. DATE OF DEATH FIRST OAY YEAR 2h HOUR LIVEE OR PRINT 18 25 pm GLADYS LARISOW 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER JA HRS MONTH DAY YEAR WHITE. TEMALE JUL Y 16, 1899 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND USA WIDOWEDIX DIVORCED HARFORD ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (RET) PHONE OPERATOR UTILITY CO. HADRE-DE-GRACE CITIZEDS DURSING USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1130. CZULINTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE HARFORD HAVRE de GRACE MD YES X NO 505 CONGRESS AVENUE 21078 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIODLE MIDDLE FIRST LAST WILLIAM E. BUDNICK ANNA V. SHIPLEY ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR GATES) 212 05 0310 NO EDWARD BUDNICK, SR., 103 B ALLIANCE ST., HdG, MD 21078 16 CAUSE OF DEATH Enter only one cause per line for to the and ic PART I. DEATH WAS CAUSED BY. ruce IMMEDIATE CAUSE

Р	ART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110	
19	DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF D	EATH?
0	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI		
	d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	C ITY OR TO	WN COUNTY	STAT

175 SIGNATURE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 17d PHYSICIAN'S NAME 27 ADDRESS

230 BURIAL CREMATION PEMOVAL 23b. DATE BURIAL

23c NAME OF CEMETERY OR CREMATORY

ANGEL HILL CEMETERY

23d LOCATION

COUNTY HARFORD CO.

24 FUNERAL DIRECTOR

MITCHELL-SMITH FUNERAL HOME PA. HAVRE de GRACE, MD 21078

22DECEMBER87

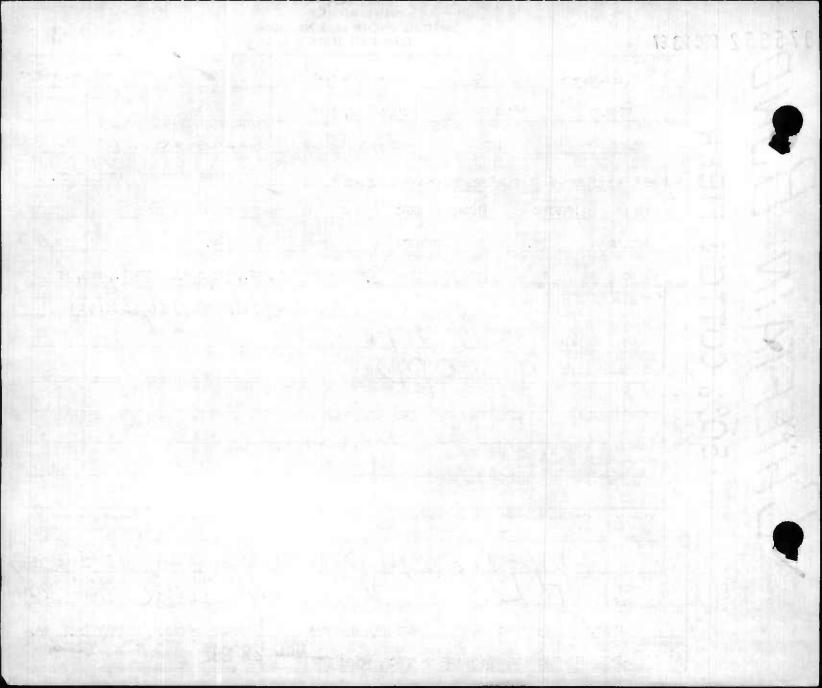
HAVRE de GRACE. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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FUNERAL DIRECT sold be detached to it the Store Dept. of

PORTANT



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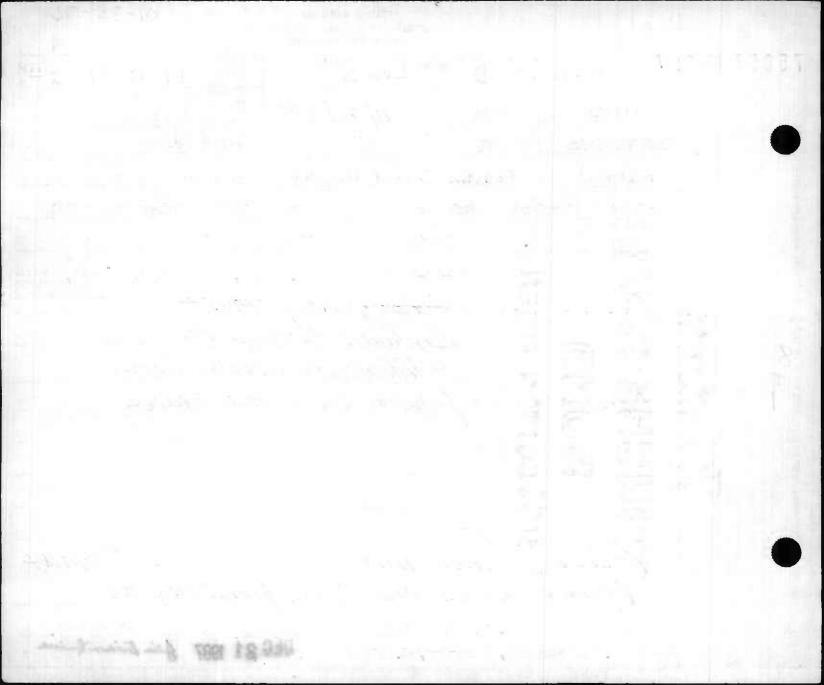
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	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY	8 7 3 1	5 8 7 4
1		LVI	Dewey Le	Lewis	REG. NO.2	DAY PEAR 26 HOUR SP
	3. SEX	4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	male	Whit		1/21/18	69	
	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
1	West Virginia	US.	A wide	OWED DIVORCED	Hartord	MD.
	FALLS TON	Fall.	Ston General	1 Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Carpenter	126 KIND OF BUSINESS OR INDUSTRY  Construction
7	OSUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU Maryland Hari	NTY	130. CITY OR TOWN Bel Air	13d. INSIDE CITY LIMITS? YES ☐ NO 🋣	13. STREET ADDRESS / ZIP CO 1500 Conowing	o Road 21014
	FATHER'S NAME FIRST ROMEY	MIDDLE R.	Lewis	15. MOTHER'S MAIDEN NA Hallie	Blanche	McCov
7	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECURITY NO		ADDRESS	
	Yes no or unknown) (IF YES GI	VE WAR OR DATES)	218-18-1055	Bertha M. Le	ewis, 1500 Conow	Md. 21014 ingo Road, BelAir
-	18 CAUSE OF DEATH (Enter o		line for Jey, (b), and JC 1		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (0)	CARdion	espenatory	HEARST	
		DUE TO, O	R AS A CONSEQUENCE O	and Ahlan	enal Aneun	an .
	Conditions, if any, which gave rise to immediate	(b)	Kupno	newina	Mae Macana	700
	couse (0), stating the underlying couse lost	DUE TO, O	R AS A COMSEQUENCE O	relenotic la	excellon Dis	esse
	PAREZ OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT BELATED TO THE TERM	MANACHISEASE OF CONDITION O	OVEN IN PART TIO
	THE DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	e com	2/ Have	es meuras j	KING FRUGE	9
l.	S IN OUT OF OPERATION	INE COND	THOSE FOR WHICH OPERA	TION WAS PERFORMED F	IN CER	TIFYING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INJURY	1216 HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM T	YES NO NO
1	OR COLUMN CHICAGO OF DE	ATH HOUR A.	M. MONTH DAY YE	AR		
	GIF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	21e PLACE	OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY, OFFICE FARM ETC	STREET	CITORIONA	51816
	220 1 certify that (I) (this hasp			. 19	, to	
	sow the deceased alive a above. (1) (we) (did) (did n	t view the body	after death.		death accurred on the date and h	
	224 SIGNATURE	X		DEGREE	MEDICAL STAFF	22L DATE SIGNED
1	TO PHYSICIAN'S PLANE ITER	Same &	tells m	PHYSICIAN	DIRECTOR PHYSICIAN	14/1/187
	Heorge	16	7415 me	Failstanh	Eneral Hop	tal
	23a BURIAL, CAEMATION, REMOVA	23b. DATE	23¢ NAME C	OF CEMETERY OR CREMATORY	23d LOCATION	
١	Burial	Dec.21	,1987 BelAi:	r Memorial Gard	dens Rol Air H	arford Md.
	14 FUNERAL DIRECTOR Howard K. McComas			250 124		ISTRAR'S SIGNATURE
	ITOMOTO IV. LECOHES	A LLL	DITIGUOTI, PILL .	2100 J	- U - 1001 W	2

DHMH - 16 60M 7/84 (VRA 15, 4)

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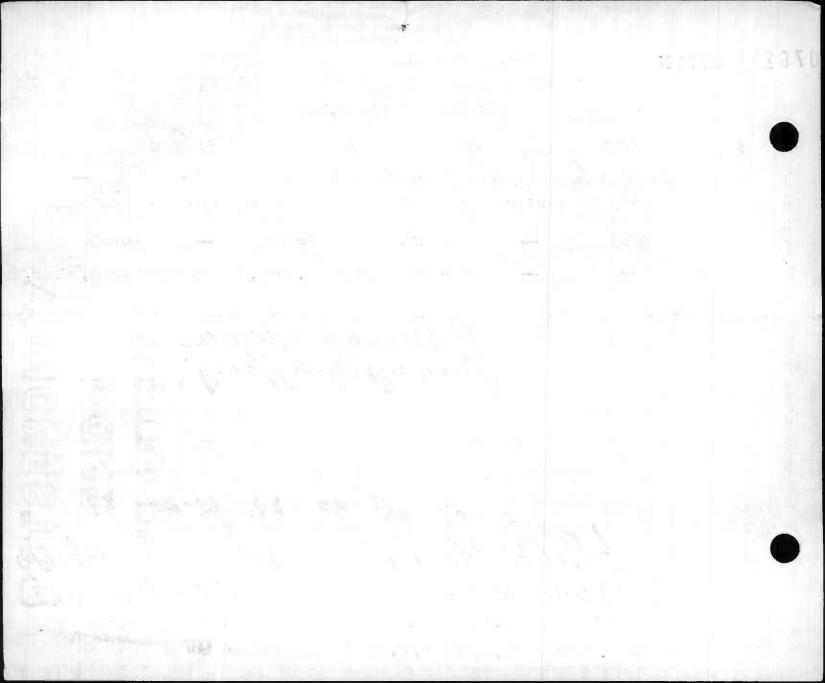


STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EG. NO.	5	8	7	10
EG. NO.				

	- 1		REGISTRAR				CENTIF	ICATE OF DEAT	n 0	REG. N	10.		
	28	PEC	EASED NAME	FIRST L	illian	MIDDLE Dagma	ar '	AST Love	20	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
poge deof		7		IIIIAM		2		Love		Decemb		0	6-19 M
4 mo	3	. SE)	r,	1	RACE	7_	S. DATE C		AR	AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
ge 4	2		1-emale		whi	TE	July	25,1904 T		83	YRS.		
Podicion Podicion	1		THPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIE	FD - 9.	BALTIMORE CITY	OR COUNTY	Y OF DEATH	
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The state of the s	7!	0. CI	Y OR TOWN OF DE	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	ON 12	USUAL OCCUPAT		12b. KIND OF	F BUSINESS OR
is of	4	TA	rede 6	MACE	HATH	ord Me	mort	DI NOS01	-	Housewife			
200		30 S	IL RESIDENCE (# NUR TATE aryland	136 COUNT Harto	OTHER INSTITUTION	13 CITY OR TOW		13d. INSIDE CITY LIA	MITS? 13	. STREET ADDRESS		21040	
1 19 1	1	_		narro	ora	Eagewaa		YES NO NO		204 Willo	ughby	Beach R	load
12 10	/		THER'S NAME FIRST	M	IDDLE	LAST		FIRST		MIDDLE		LAST	r
No.	9		Matti			Mantila		Soph	nia			<u> </u>	
Gi A			'AS DECEASED EVER ES, NO OR UNKNOWN)		WAR OR DATES	16b. SOCIAL SECU		17. INFORMANT		ADDF		2	21014
Y			no	_		213-28-45	525	Leroy M.	Love,	107 Wake	field		
140/	Γ		18 CAUSE OF DEAT	H (Enter only	one cause pe	r line far (a), (b), an	id (c1.)					BETWEEN	MATE INTERVAL DISET AND DEATH
44/1			PART I. DEATH V	IMMEDIATE									
nding corbs					DUE TO, Q	BAS CONFEDU	ENCE OF		,				
ove c			Conditions, if any	, which	(10)/	ruln	nex	ran e	de	mee			
emo emo emo er tro			gave rise to im		DUE TO	AS A CONSEQUI	ENCE OF		11	/			
by t ose r othe			underlying cause		1	Zulm	en	- mn	Me	us'			
per pre			PART 2 OTHER SIG	NIFICANT CO	ONDITIO IS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TA	E TERMINA	AL DISEASE OR CO	NDITION GIV	VEN IN PART 110	1
Ther to b		N O			4								
Deer Deer	1	CERTIFICATION	190. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		S, WERE FINDIN	
no bos		TIF								YES NO		ES []	NO [
certificate urial-transit tental Hygic Ihem 18 sho		CER	21a. ACCIDENT WAS UN	-	216. TIME C	F INJURY	AV VEAR	21c HOW INJURY	OCCURRED	(ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)	
og phys certifica rial-tra ental Hy hem 18	1	AL	OR CONTRIBUTING		"	.M. MONTH D. .M.	AY YEAR						
ittending physici r this certificate the burial-transi and Mental Hyg sed or Hem 18 sh		MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATION		CITY OR F	0.1.01	COUNTY	STATE
After the os the olth and marked		X	WHILE NOT W	HILE	IAT HOME, ST	REET, FACTORY, OFFICE, I	FARM, ETC.	SIMEEL		CITY OR T	OWN	03.63	31416
Aft opposite opposite	- 1		22s. I certify that (I		al) attended t	ne deceased from	-1/2	- a0 10	87	10-12	32	19.0	that (I) (we) last
OR. OR. I is			saw the deceas	ed alive an_	12 -	ad 191	37.0	nd that in (my) (aur)	opinian dea	th accurred on the	date and ha	ur and fram the r	causes stated
T S S S S S S S S S S S S S S S S S S S		1	above, (I) (we) (	did (did not	view the bady	after death.	/	DEGREE				120 DATE S	SKONED .
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orned by Suld be a fir the Str PORTAN		1	274 HAYSICIAN'S N	AME (THE OR	DI	VILAD		The Agency's	1.0	do	Tio	1	10
A DA MAN		1	10	UN	V	7000		1 juil	ne	at	+ ia	4.10	4
2		Je B	URIAL CREMATION	REMOVAL	23h DATE		NAME OF C	EMETERY OR CREMA Lutheran (	ATORY Composts	THE LOCATIONS	3	cogen	MARK
BP			Burial		Dec.24	,198/ 111	чтсх	mustan (	Centerus	The state of the s		larford	photoles.
MH - 16 50M 1/81		4 FL	ineral director	Compa	TTT N	hinadoons	14 21	009	250 DATER	E50 4 RG87	- Life Base	CONCRAT	ME
(VRA 15, 4)	[1]	10	valu K. MC	Collas	TTT' H	DIIIGUOTIA	24. Z.L	.005	O.L.O	C 1001	4.5		



#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7		3	5	- 1
	REG. NO		-	

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- 3	5	- 33		
REG. NO.	-	-		

	-	REGISTRAR				CERTIF	ICATE OF DEATH	8 7 REG. N	3 5	3 /	0
-		EASED NAME	FIRST	,	MIDDLE	t.	AST	20 DATE OF DEATH	MONTH OA	YEAR	2b HOUR
	1	0.7.1.141	EDNA		HELEN	I	OWE	NONEWPO	1 2	5 95	8:40A M
	3. SEX	X	-	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI		NIHS DATS	# JNDER 24 HRS
1		LEWY/	E	MPSt	E	7.101111	ary 25, 1895	92	YRS	DATS	MIN.
5		HTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	Salita
Į	2	MARYIANA		u.s	- 1	WIDOWE	DI DIVORCED	HARFORI	)		ME
P	10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NUR		PROTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
_	Street, or other Designation of the last o	VRE DE G			NS NURS		E	Housewife		HOWE	MAKER
-	130 S	AL RESIDENCE (IF	13b COU		130 CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS		Drive	1014
2	Jane A	Edwin	HA	MIDOFE	Harkin	25	IS. MOTHER'S MAIDEN NA	ME		MALAST	AN
/		VAS DECEASED ET		MED FORCES?	166 SOCIAL SE		17 INFORMAN (Sw) 1-3			SORTIST.	
		NO			212-74	-8593	WE BLENTON !	LOWE BASK	cing Rich	ENEW JE	MATE INTERVAL
1	NOI	Conditions, if a gave rise to cause (a), st underlying co	immediate lating the	DUE TO, OI	150	wer -	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEI	N IN PART I O	
2	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION			TION FOR WHI	ION FOR WHICH OPERATION WAS PERFORMED			206 AUTOPSY?  206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO YES NO NO		
1	MEDICAL CERT	OR CONTRIBUTING CALLES OF DE		ITRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY HER NOTIFY MEDICAL EXAMINER)  P.M.		DAY YEAR	YEAR 19				
	MED	21d INJURY OCC	T WHILE T	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFIC	CE FARM, ETC.)	21f. LOCATION STREET	CITY OR TO		COUNTY	STATE
		220 I certify that saw the dec abave, (I/(w	eased alive on	tal) attended the	her/7/19		ed that in (my) (our) apinion	death occurred on the d			that (+ (we) last causes stated
		226. SIGNATURE	lu	204	lus	7	DEGREE ATTENDING ATTENDING	MEDICAL STA		Nov.	SIGNED 20,1987
1	1	THE PHYSICIAN'S	OUA	J D	Yun		Haur	ede G	inep	· m	el
	23a B	SURIAL, CREMATIC	ON, REMOVAL				EMETERY OR CREMATORY	CITY OP TOWN		COUNTY	STATE
		Burial		Nov. 23			emerial Gardens	BET AIR, HA	-food Co.,	marghe	21014
	24 FL	JNERAL DIRECTO	R	50 11.2	area home	& Limilian	250. DAT	TE REC'D. BY REGISTRAR	125b. REGISTR.	AR'S SIGNATI	IRF

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is morked TO FUNERAL DIRECTOR, After should be detached for use as with the State Dept, of Health

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physicion.

BP

JOSEPH William Foster

FOR

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Post Air, Maryland 21014

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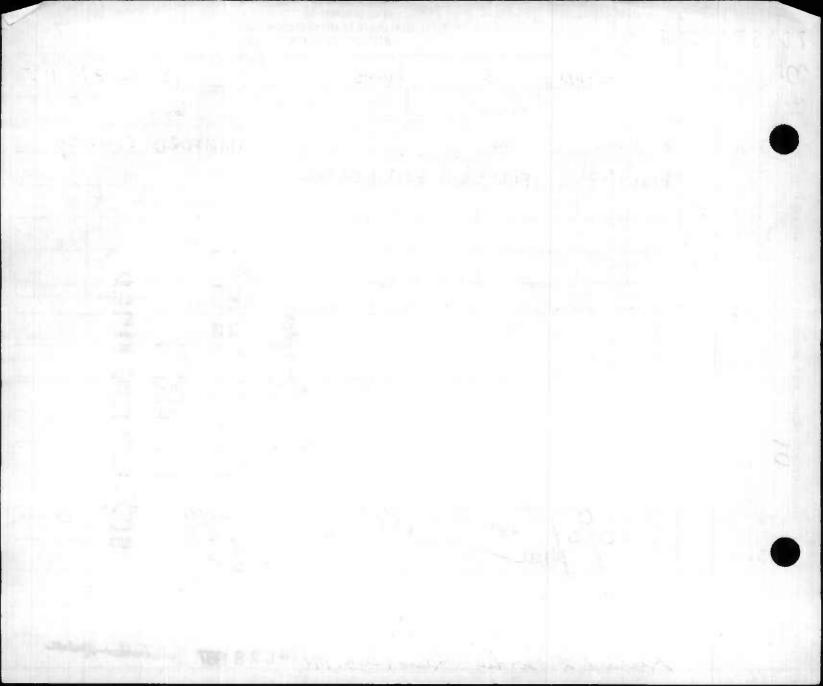
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

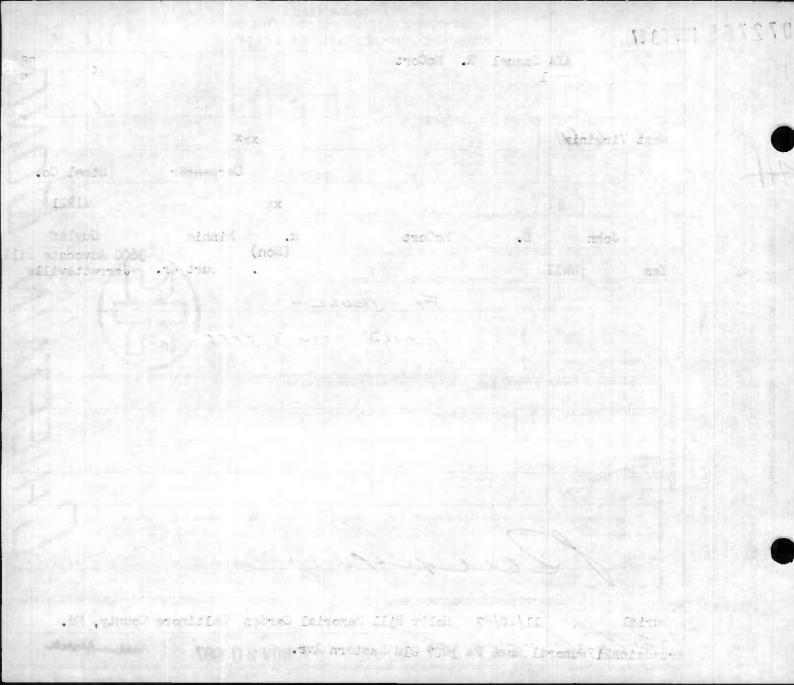
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	STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	8 / REG. N		1,2
(TYPE	OR PRINT) JEAN	E.	Luce	AST <b>75</b>		2 22 87	26 HO
3. SEX	female	white	5. DATE C			WONTHS DAYS	HOURS
Ma	aryland	USA	WIDOWE		HARFO	ROUNTY OF DEATH	TY
F	ALLSTON		EN. H	SPITAL	(TYPE OF WORK FOR MOST C Teacher		
13a. S	AL RESIDENCE (IF NURSING HOMEORGE STATE 136 COUNT COUN	il Rising  Rising	Sun	134 INSIDE CITY LIMITS? YES NO A	1335TREET ADDRESS	szipfing 219	11
		vid Culle	n	15. MOTHER'S MAIDEN NAME FIRST Annie	Elizab		ens
16a V	VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SE WAR OR DATES)		17 INFORMANT Alvin Luc		Biggs High ng Sun, MD	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. Myocaro		nfraction H	Pericardit		KIMATE INT LONSET AN
	Conditions, if ony, which gave rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEC					
7	underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 11	10
IFICATION	underlying cause last.	(c)	O DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FINDI	NGS US
CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT		200 AUTOPSY?  YES	206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	INGS US
MEDICAL CERTIFICATION	UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT	ONDITIONS CONTRIBUTING T	O DEATH BUT  CH OPERATION  DAY YEAR  19	N WAS PERFORMED	200 AUTOPSY?  YES	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES THE THE TENT OF PART 21	NGS US
	UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify tho (1) (this bospite so the deceased of ye on oboye (1)) (ye) (find) (did not oboye (1)) (ye) (ye) (ye) (ye) (ye) (ye) (ye) (y	ONDITIONS CONTRIBUTING TO SOME TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE OIL) attended the deceased from	O DEATH BUT  CH OPERATION  DAY YEAR  19  CE, FARM ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCUR!	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU-	20b IF YES, WERE FINDIN CERTIFYING CAUSES YES TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTA	NGS US S OF DEA NO
	UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK  22c.1 certify the (1) (this Mospite)	ONDITIONS CONTRIBUTING TO SOME TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE OIL) attended the deceased from	DAY YEAR  19  CE, FARM EIC)	216. HOW INJURY OCCURS 216 LOCATION STREET  19 dd that in (m) (our) opinion. DEGREE ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU-	20b. IF YES, WERE FINDIN CERTIFYING CAUSE: YES  SWN COUNTY  19 22c DATE FF	NGS USIS OF DEA
	UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify tho (1) (this bospite so the deceased of ye on oboye (1)) (ye) (find) (did not oboye (1)) (ye) (ye) (ye) (ye) (ye) (ye) (ye) (y	ONDITIONS CONTRIBUTING TO SUPPRINT)  19b. CONDITION FOR WHITE  21b. TIME OF INJURY HOUR A.M. MONTH PLACE OF INJURY LATHOME, STREET FACTORY, OFFICE OF	DAY YEAR  19  CE, FARM EIC)	216. HOW INJURY OCCUR!  216. LOCATION STREET  , 19 and that in (mm) (our) opinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED CENTER NATURE OF INJU  CITY OR TO  LO FEE AUTOPSY?  CITY OR TO  PAY AUTOPSY?	20b. IF YES, WERE FINDIN CERTIFYING CAUSE: YES  SWN COUNTY  19 22c DATE FF	NGS USIS OF DEA
WEDICAL ASSESSED	UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICANT CO.  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTEY MEDICAL EXAMINER).  21d. INJURY OCCURRED  AT WORK NOTEY MEDICAL EXAMINER.  22e.1 certify that (1) (this blospite sow the deceased of the on obove (1)) (ye) (find) (did not 22b SIGNATUR).	ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHITE  216 TIME OF INJURY HOUR A.M. MONTH P.M.  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE DI) attended the deceased from 1272 1 view the body after death.  PRINT)	DAY YEAR  19  TE, FARM ETC.)	216 LOCATION STREET  216 LOCATION STREET  217 LOCATION STREET  218 LOCATION STREET  218 LOCATION STREET  219 LOCATION STREET  210 LOCATION STREET  210 LOCATION STREET  211 LOCATION STREET  212 LOCATION STREET  213 LOCATION STREET  214 LOCATION STREET  215 LOCATION STREET  216 LOCATION STREET  217 LOCATION STREET  218 LOCATION STREET  218 LOCATION STREET  219 LOCATION STREET  210 LOCATION STREET STREET  210 LOCATION STREET STR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC  PM INC PHYSIC  1234 LOCATION  CITY OR TOWN	20b IF YES, WERE FINDIN CERTIFYING CAUSE YES   RY IN 11EM 18 PART 1 OR PART 21  OWN COUNTY  19 21c DATE  FF CIAN	HOS USES OF DEA

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84

(VRA 15, 4)

injury, or ather troumatic event, the

IMPORTANT: If them 21 is marked of them 18

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE.
CERTIFICATE OF DEATH	2

7 REG. NO 3 5 8 7 9

- F	• • • • • • • • • • • • • • • • • • • •				REG. NO		
	CEASED NAME FIRST	MIDDLE	·	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	EVELY	YN L.	McC	ULLOUGH	December 20	, 1987	12:30%
3 SE		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Female	White	NONTH OC1		90 YE	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY OR COU		
(	England	England	_	D NEVER MARRIED	II	0	445
10 C	TY OR TOWN OF DEATH	England  11. NAME OF HOSPI		OR OTHER INSTITUTION	Harford (	126, KIND (	OF BUSINESS OR
	01		TY, GIVE STREET ADDRESS)	3	(TYPE OF WORK FOR MOST OF WORKIN		
USU	Street AL RESIDENCE (IF NURSING HOME O		ublin Road	1	Homemaker	OWII	home
130 5	STATE 13b. COU	NTY 13c. C	ITY OR TOWN	138 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C		01154
		ford	Street	YES NO	3028 Dubli	n Road/	21154
14. FA	THER'S NAME FIRST	WIDDLE	IAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	LA.	ST
	Herbert	Sco	oggings		Unknown		
	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRESS S	treet,	MD 211
	NO (IF YES, GI		16-38-381	Doris E. M	lessick 3028		Road
				Λ	/\ /		CIMATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		Christ	mu him on on	Avest	BEIMERA	ONSET AND DEATH
	IMMEDIA	TE CAUSE (o)	CACO !	The tribes		-	0 1
	C In II	DUE TO, OR AS A	CONSEQUENCE OF	1 Murca	a list Intari	12/10	Jun A
	Conditions, if any, which gave rise to immediate	(b)	pusper	2000	Chock single	1	1
	cause (a), stoting the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF			1	hom
		((c)				/	
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART I	10
CERTIFICATION	Averys	unia	Hen h	wase, A	inite temos	nta	
CA	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b IF	YES, WERE FINDS	NGS USED S OF DEATH?
TIE					YES NOXX	YES 🗌	NO 🗆
CE	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART ( OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE	ALIT	/ 1)h				
WEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN.		III LOCATION		COUNTY	STATE
×	WHILE AT WORK AT WORK	(AT HOME STREET, FAC	TON OFFICE, FARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
	270.1 certify that (1) (this hosp	ital) attended the dece	pased from		40	10	that (I) (we) last
	saw the decreased alive ar abave, (1)		C 40		death accurred on the date and		
	22b SIGNATURE	of) view the body after o	Secret.	DEGREE			SIGNED
	M	m 111		MO ATTENDING	MEDICAL STAFF	13	122,102
	Last Buyerchange alang	TIVA		PHYSICIAN	DIRECTOR PHYSICIAN	112	110181
	226 PHYSICIAN'S NAME (TYPE	- //		22e ADDRESS	D 1 D	_ 1	MD
	Manuel M.	Lazatin,	MD	2 Colgate	Drive Fore	st Hill	, MD
	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial	12/22/87	Dublin	Southern Cem.	Darlington,		
24 F	UNERAL DIRECTOR			25 PA	VE-REC'D BY REGISTRAR 256 REC	GISTRAR'S SIGNA	TURE
На	rkins Funeral H	Home, Inc.	600 Maiasch	Dolto Da	40 1981 Am	sald dies	7.
	was a contract to			· LCLC · FA	17		

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S	TATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	0.5	System		-

ap Control	1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 7 REG.	NO. 3 5	8	3 0
7 6 7 7 2 DEC 3	T. DEG	EASED NAME DR PRINT)	AIRST A	mie	MODIE Odeth	(ni	AST McMillan Coxullus	20 DATE OF DEATH	MONTH DAY	YEAR	20 HOUR
0 82	3 SEX	10.	17000	4/RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	_/	nule		Whi		Mar.	22, 1911	16	YRS		
4 4 90	CC	THPLACE (STATE OR		76 CITIZEN OF	F WHAT COUNTRY?	8. MARRIE	D WEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
		th Caroli		US		WIDOWE		HARIT	5/1.		MD
1 11 0	10 CIT	Y OR TOWN OF DE	ATH	(IF NOT IN SE	CH FACINITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS		126 KIND O	OF BUSINESS OR
8 100		allega			ON/Genera		pital	Farmer		Dai	ry
2 4 16 24	13a S1	ATE	136 COUN	ITY	13c. CITY OR TOW		136. INSIDE CITY LIMITS?	13e STREET ADDRESS	S / ZIP CODE		
3 1 3 1-		yland HER'S NAME	Harf	ord	Bel Air		YES NO X	901 Moore	s Mill R	oad	21014
1 1000	III. FAI	FIRST		MIDDLE	LAST		FIRST	WIDDLE		LAS	it
1040	17 117	Rudolph  AS DECEASED EVER			McMillan  166 SOCIAL SECU	OLL VILGI	Rebecca	Ann	RESS	Moxle	
MON STATE OF		AS DECEASED EVEN S. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	213-36-		Mary V. Mine			Road	21014 BelAir Md.
9 1 11 1	-		M · E · · · · · ·	1	er line far (a), (b), ar	0690	1	1	100 1111		IMATE INTERVAL ONSET AND DEATH
By Street By Str		PART I. DE ATH V	VAS CAUSE	D BY:	er line far (a), (b), an	BU	dolma	not		BEIWEEN	JINSET AND DEATH
S 1 0000			IMMEDIAI	E CAUSE (o)_	OD AC A CONSTOUR	ENICE OF	10	Ac.	()		
012		Conditions, if ony	, which	DUE TO, C	OR AS A CONSEQUI	ENCE OF	servere	11800	11)		
2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		gove rise to im	mediote	DUE TO	OR AS A CONSEQUE	ENICE OF	THE PLEASE				
W to the		underlying couse		(6)	31 A3 A CONSEOU	LIVEE OF					
S. 20		PART 2 OTHER SIG	NIFICANTO	CONDITIONS	CONTRIBUTING TO	DEALA BUT	NOT RELATED TO THE TER	MINAL DISEASE OF C	NOTTION GIVEN	PART 110	a
0 1 1 1 1	TION		71011	U	nevia	1	CYVV	me fro	Va O	0	
9	표	90 DATE OF OPERA	TION	196 CONI	DILION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	OF DEATH?
<b>多新班</b>	CERT	210. ACCIDENT WAS UN	DERLYING [		OF INJURY		21c HOW INJURY OCCU		-	_	
2 × 3 1 1 1 1 1	AL	OR CONTRIBUTING		(16)	A.M. MONTH D. P.M.						
N	MEDIC	(IF EITHER NOTIFY MED		21e PLACE	E OF INJURY	19	211 LOCATION			COUNTY	
S C C C C C C C C C C C C C C C C C C C	W	NOT W	HILE	(AT HOME S	TREET FACTORY OFFICE F	ARM ETC )	STREET	CITY OR	2 0	COUNTY	STATE
20 9 4 4 0 0 m		22a.l certify that (I		tal) helended t	the_deceased from_	12	123 19 8	2 10 12	18 19	21	that (I) (we) last
N 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		sow the decens	ed alive on	11/2	1 10	87.0	nd that in (my) (our) opinion	deoth occurred on the	date and hour on	d from the	couses stated
AN WEST		obove, (I) (we) (	did) (did no	li le vihe bbo	y offer death	-	DEGREE			22c. DATE	SIGNED
0 1 0 20 5				110	1	A	ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF SICIAN []		
TAN SEE		774 PHYSICIAN'S N	AME AME D	ALO	20.	1	17e ADDWESS /	0.1	400	1260	
O HOSPII farred by O FUNET headd be of the 50		711	15	2 Ch	1100	9	12al	un 1	UX	loct	
5 × × 2 3 3	23a. Bl	JRIAL, CREMATION	REMOVAL	23h DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	11	DUNTY	STATE
BP	- 10	Burial		Dec.31	,1987 Ne	w Bri	dge Baptist (			cil	Md.
DHMH - 16 60M 7/B4	711111111	NERAL DIRECTOR					250 DA	ATE REC'D. BY REGISTRA	AR 256 REGISTRAR	'S SIGNAT	URE
(VRA 15, 4)	Ho	ward K. M	icComa:	s III,	Abingdon,	Md. 2	1009	C29 1987	Here Cari	dism'-17	

23a. BURIAL CREMATION, REMOVAL

Burial

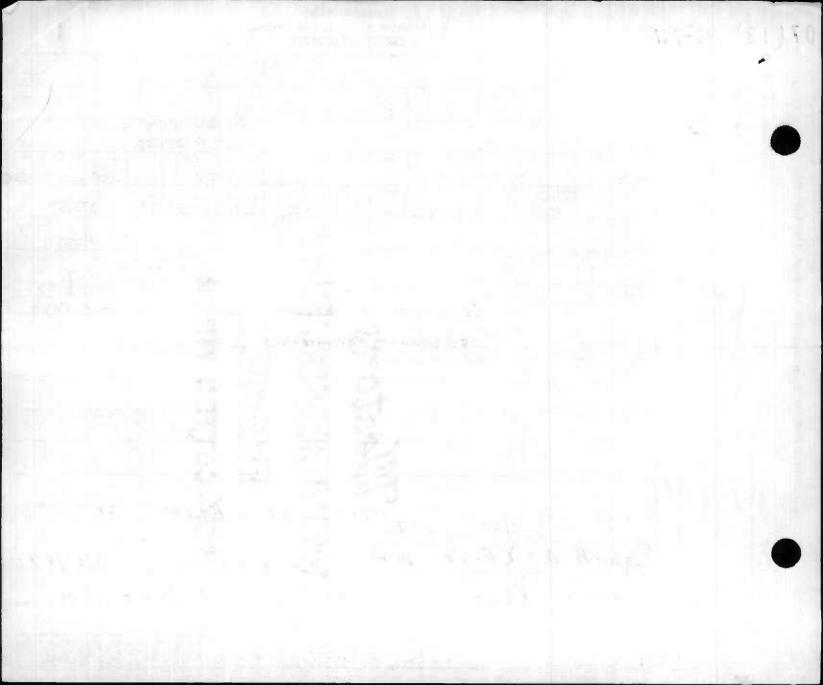
J.J. Hartenstein

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a DATE OF DEATH MONTH 7h HOUR November 25 McSherry 1987 9:000 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 24 1908 March 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED Harford County WIDOWEDK 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Laborer Food Processing 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 17349 R.D.#1, Box 554 NO K 15 MOTHER'S MAIDEN NAME Richardson Alice ADDRESS 17 INFORMANT R.D. #3, Box 40 Glen Rock, PA 1 Larry McSherry PA 17327 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 29 NFARCTION hRom B& PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21f LOCATION CITY OR TOWN COUNTY and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated DEGREE 224 DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY Nov.28,1987 New Freedom Cemetery New Freedom ADDRESS 24 Second St. New Freedom, PA 17349



ond completely filled in by the

#### STATE OF MARYLAND

		FOR STATE PREGISTRAR	DEPARTMENT OF HE CERTIFI	IENE 8 7 REG. NO	3 5 8	3	2			
		CEASED NAME OF FIRST	Edwin Mens	:/ey	Decemb	er 81	987	26 HOUR / 2 A M		
	3. SEX	MAle.	White 5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTI	YRS		HOURS MIN.		
	C	md.	CITIZEN OF WHAT COUNTRY? MARRIED WIDOWEI	D DNORCED	9. BALTIMORE CITY OF	d		MD.		
2	HAI	re de Grace 1	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	Hospital	(TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	DUSTRY	FARMS		
2	13a. S	Md. Karto	ird Aberdeen	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	berty 1	ed:	X100/		
		Joseph Edwa	ARD MEASley	Ethel	(WNKN	own)	Hou-	seman		
		(# YES, GIVE W/		KAREN Mea	sley 403E	Brondw	my Be	el Ar Mo		
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) FAILURE  THE PROXIMATE INTERVAL BETWEEN ONSET AND DEATH  FAILURE								
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF PULMONARY PAILURE  DUE TO, OR AS A CONSEQUENCE OF CONSEQUEN										
	NO	underlying couse last.  PART 2 OTHER SIGNIFICANT CON		DITION GIVEN IN	PART No					
~	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WEF IN CERTIFYING YES				
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	R PART 2)			
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN (	OUNTY	STATE		
		22a.1 certify that (1) This hospital) sow the deceased alive on above, (1) (wertaid) (did not) vi	12-8 19-87, on	nd that in (my) (our) opinion	death occurred on the de		from the c			
		Fredre N	owoleansh!	DEGREE ATTENDING PHYSICIAN P	MEDICAL STAF		12/9	F7.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detoched for use as the buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, 4th 127d PHYSICIAN'S NAME (TYPE OF PRINT)
NORTH NEW AKOWSKI MY

730 BURIAL, CREMATION, REMOVAL (SPECIFY)
Removal BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

etoined by the hospital or

23b. DATE 12-9-87 236 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OF TOWN

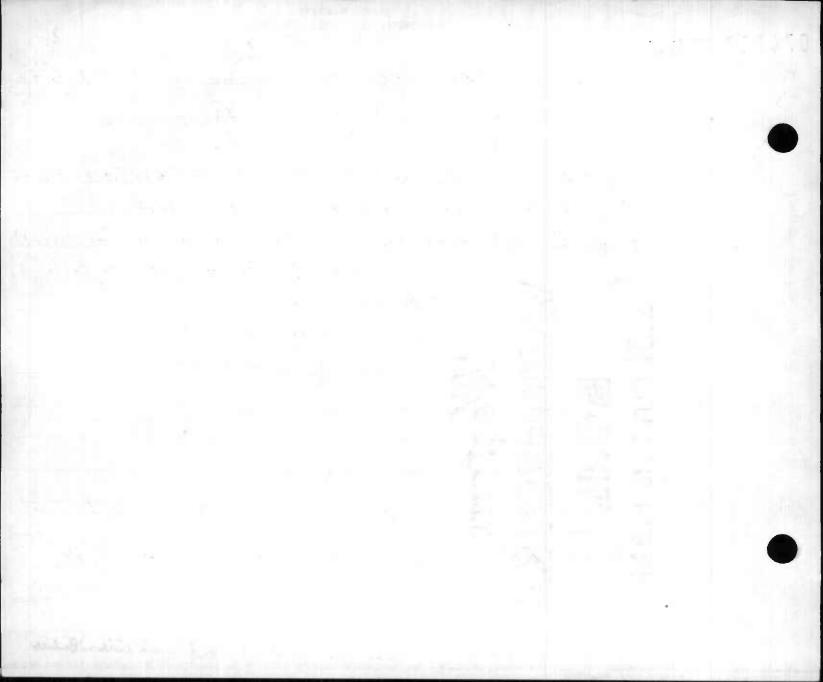
COUNTY

N.MAIN ST. BEZ AIR, MD

STATE

74 FUNERAL DIRECTOR
State Anatomy Board Balto., Md.

250 DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE DEC 1 1 1987



injury, ar other traumatic

marked or Item 18 sh

IMPORTANT: If Hem 21 is

# THE UT MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR -1 - STATE - CREGISTRAR		DEPART		EALTH AND MENT		ENE 7	REG. NO	5 5	3 3	3	
	J. DECEASED NAME (TYPE OR PRINT)	lotte mor	MIDDLE /	Meh	ring		NOV.		190	Y YEAR	21 HOUZ	
i	3. SEX	4 RACE	S. DATE OF BIRTH							FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
-	FEMALE  70. BIRTHPLACE (STATE OR FO	WHI TEIGN 76. CITIZEN OF	WHAT COUNTRY?	8	13, 1904		9 BALTIMO	83 RE CITX <u>O</u> l	OF DEATH			
1	PA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION			ED 🗌	HArtora					
	10 CITY OR TOWN OF DEAT	ce Horto	CH FACILITY, GIVE STREET	address)	ipl Hos	0,		FOR MOST OF	WORKING LIFE)		OF BUSINESS OR	
	USUAL RESIDENCE (IF NURSIN 130. STATE	S HOME OR OTHER INSTITUTION  BLOOMTY  HARFORO	131 CITY OF TOW HAVRE de	VN .	13d. INSIDE CITY LIV		13e.STREET A		ZIP CODE AVENUE		21078	
	14. FATHER'S NAME FIRST ALEXANDE	MIDDLE	LAST MONROE	LAST 15. MOTHER'S MAIDEN N			MIDDLE					
	160. WAS DECEASED EVER IN		166 SOCIAL SECURITY NO. 17. INFORMANT				RS, P.O. BOX 31, LEWISBURG, PA 17837					
	18 CAUSE OF DEATH PART I. DEATH WA	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)						EST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER TO THE ATT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											
1	19a DATE OF O FRATE	ATE OF OFFICE 196 CONDITION FOR WHIC			CH OPERATION WAS PERFORMED			NOX		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO		
	OR COLUMNIA C.	USE OF DEATH HOUR A	OF INJURY I.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTERNA	URE OF INJUR	Y IN ITEM 18 PAI	RT I OR PART ?)		
	(IF EITHER NOTIFY MEDICA  21d. INJURY OCCURRE  WHILE NOT WHILL AT WORK AT WORK	AT HOME, STREET, FACTORY, OFFICE, FA			ARM, ETC.) STREET CITY OR TOWN			O COUNTY STATE				
	22a.1 certify that (1) (this hospital) attended the deceased from 19 , 19 , ond that in (my) (our) opinion death occurred on the date and hour and from the deceased alive an 19 , ond that in (my) (our) opinion death occurred on the date and hour and from the date and hour and hour and hour and the date and hour and										that (I) (we) last causes stated	
	PENATURE	NATURE DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							71/2	9/17		
	DANTE	AE (TYPE OR PRINT)	AKIL	MD.	220 ADDRESS	ds	6ve	oce	ad	211	078	
	230 BURIAL, CREMATION, RI (SPEC#Y)	MOVAL 236. DATE			EMETERY OR CREM	ATORY		ORTOWN	YORK C	COUNTY	PA. STATE	
	24 FUNERAL DIRECTOR		ADDRESS			250. DATE				AR'S SIGNAT	URE	

MITCHELL-SMITH FUNERAL HOME PA, HAVRE de GRACE, MD 21078

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND	
PARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	8

REG. NO.

3

	CEASED NAME	FIRST	٨	AIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE	ORPRINT) KEN	17			Mil	ller	12	1241	87	2 Amm
1. SE			4 RACE		5. DATE O		6. AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	nale		whi	te	Feb.		8	3 YRS		MOURS MIN.
	RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
No	rth Caro.		U.S		WIDOWE	D DIVORCED		Harf	ord	MD.
10 C	TY OR TOWN OF DEA	TH		HOSPITAL, NURSING		ROTHER INSTITUTION	12a USUAL OCCUP			F BUSINESS OR
F	Linkelli		Co 1101	A A GOOD	(CO)	Macailan	Foreman		U.S.	Gov't.
USU	RESIDENCE (IF NURSI	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	40201401			p . D .	401 00
13a. 5	TATE	136 COUN	TY	13c CITY OR TOWN	١ _ ١	134 INSIDE CITY LIMITS?	13e STREET ADDRES			03.050
M	aryland	Hari	ord	Forest	Hil.	YES NO		sner	Road	21050
JANE !	THER'S NAME		AIDDLE	1451		15 MOTHER'S MAIDEN NA	ME		LAS	
1	John		J.	Miller	r	Ellen			War	d
	VAS DECEASED EVER			166 SOCIAL SECUR	RITY NO.	17 INFORMANT	AD	DRESS		
(	NO OR UNKNOWN)	( IF YES, GIVE	WAR OR DATES	218-14-	-931	Flora E.	Miller	same	as al	ove
	IN CAUSE OF DEATH	H (Enter on	y one cause per	line for (a), (b), and	1 (01.1		-1		BETWEEN	MATE INTERVAL
	PART I. DEATH W			Con	vale	ve Heart of	selene			
		IMMEDIAL	E CAUSE (o)	0			/			
0.3			DUE TO, OI	RAS A CONSEQUE	NCE OF	1 Drewaid	in When	10-		
	Conditions, if any,		(b)	me	ece	1 percon.	-	V		
	cause (a), statin		DUE TO, OI	R AS A CONSEQUE	NCEOF	- 12:	_,			
	underlying cause	lost.	( 10)	Pa	1/22	nons Dis	rene			
	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GI	VEN IN PART 1	0
Z										
CERTIFICATION	19a DATE OF OPERAT	ION	TIN CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	286 4F YE	S. WERE FINDIN	NGS LISED
5	THE DATE OF CITERAL		176. CO.40	TIOTY ON THICK!	O' EKITIO	TO THE OWNER		IN CERT	FYING CAUSES	OF DEATH?
12					200		YES NO	м.	ES 🗌	NO 🗆
8	21a. ACCIDENT WAS UND		216. TIME O		Y YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART 1 OR PART 2)	
A.	OR CONTRIBUTING C		III		19	2.00				
MEDICAL	21d INJURY OCCURE		21e PLACE			211 LOCATION				
×	WHILE   NOT WH	ILE []	AT HOME STR	EET FACTORY, OFFICE, FA	ARM ETC )	STREET	CITY O	RIOWN	COUNTY	STATE
	AT WORK AT WOR				mle		20-1	2	301	
	22a.1 certify that (1)		1-1-	7 A	-2/1	, 19_4		200		that (I) (we) last
	saw the decease above, (1) twento	ed alive on,		after death.	, on	nd that in (my) (our) opinion	death accurred on th	e date and ho	ut and from the	couses stated
	226 SIGNATURE		1	1 V	,	DEGREE			22c. DAJE	SIGNED
	And	w 7	Vowal	course	- /	AND ATTENDING	MEDICAL S	TAFF	12/2	4/8.7
	224 PHYSICIAN'S NA	ME CIVES OF	0.001111			122e ADDRESS	DIKECTOK PHI	JICIAN []		,,,
	ANDRE	11/21	ONAKO	WSKI	MI		NOIN ST.	BOL	ALL M	D 21014
	MINON	0.0	00 10100	1	1200			/	0111711	2
22.0	LIPIAL CREMATION	DEMOVAL	Tash DATE	123, N	AME OF C	EMETERY OF CREMATORY	1234 LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT, II Ne

Burial
24 FUNERAL DIRECTOR

(SPECIFY)

FOR PATE GISTRAR

12/28/1987 Bel Air Mem.

el Air Harford M

By REGISTRAR 256 REGISTRAR'S SIGNATURE

1987

Md.

Gladden Kurtz Jarrettsville, Md.

DEC 3 0 1987

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DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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	-	2.
-	and the same of	-

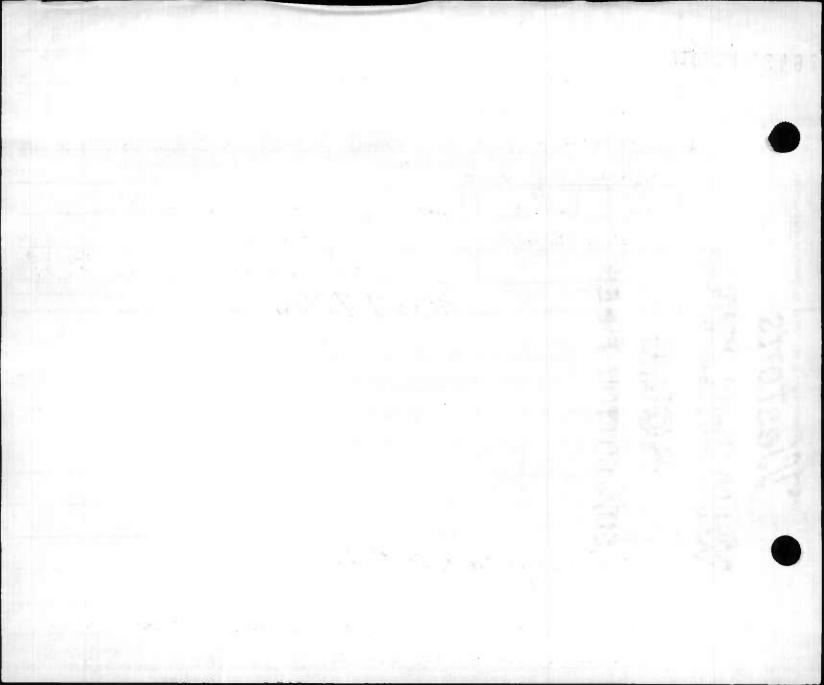
1.	REGISTRAR				CEKIII	ICATE OF DEATH	8 / DEC N	2		3 .
	CEASED NAME	FIRST		MIDDLE	-	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. H
[1YP	E OR PRINT)	Kimber1	v N-	icole	M.	ıchla	12-24-87			
3. SE			RACE	rcore	5. DATE C		6 AGE IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UN
-	Female				MONTH				MONTHS DAYS	HOUR
. P	IRTHPLACE (STATEO	210000000000000000000000000000000000000	White	WHAT COUNTRY?	8-7		9. BALTIMORE CITY C	YRS	4 DE DEATH	1
	COUNTRY)					D NEVER MARRIED X	7. BALTIMORE CITT	K COUNT	OFBEATT	
_	altimore (		U.S.A		WIDOWE	DR OTHER INSTITUTION	Harford		126 KIND C	AE BI IS
10 C		A) (1	(IF MOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST O			)F 603
11511	Edgewood  AL RESIDENCE (IF NUI	PSING HOME OF DE	2202	Roth Road	ADMISSION)		N.A.			
130.	STATE	18P COONL	Υ	13c CITY OR TOW	'N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
11. 5	MD.	Harfo	rd	Edgewoo	<u>d</u>	YES NO X	2202 Ro	th Ro	ad - 21	040
14. E/	FIRST		DDLE	LAST		FIRST	WIDDIE		LA	SŤ
		rd L. M		hu sassi sas		Robin L	. Bley			
	WAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. ARME		166 SOCIAL SECU	IRITY NO.	17. INFORMANT				dge
						Richard L. M	uchla - 220	2 Rot	h RoadM	
	Canditions, if an gave rise to in cause (a), stat underlying caus	y, which nmediate ing the	(b)_	R AS A CONSEQUE		Jamy				
ICATION	gave rise to in cause (a), stat underlying caus	y, which nmediate ling the se lost	DUE TO, O  (b)  DUE TO, O  (c)  DINDITIONS CO	R AS A CONSEQUE	ENCE OF DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON 200 AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS U
RTIFICATION	gave rise to in couse (a), statunderlying couse PART 2 OTHER SIG	y, which nmediate ing the se lost GNIFICANT CO	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO	R AS A CONSEQUE	ENCE OF DEATH BUT	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDI FYING CAUSES	NGS U
L CERTIFICATION	gave rise to in couse (a), stat underlying couse PART 2 OTHER SIC 190. DATE OF OPER.	y, which mediate ing the se lost  SNIFICANT CO	DUE TO, O  (c)  DUE TO, O  (c)  DIDITIONS CO	R AS A CONSEQUE	DEATH BUT		200 AUTOPSY?	20b. IF YE	S, WERE FINDI FYING CAUSES	NGS U
	gave rise to in couse (a), stat underlying couse PART 2 OTHER SIGNATE OF OPER.  210. ACCIDENT WAS UPON CONTRIBUTING CONTRI	y, which nmediate ing the se lost  GNIFICANT CO  ATION  NDERLYING  CAUSE OF DEATH DICAL EXAMINER)	DUE TO, O  (c)  DUE TO, O  (c)  DUE TO, O  (c)  DUE TO, O  (d)  DUE TO, O  (d)	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH D  M.	DEATH BUT	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDI FYING CAUSES	NGS U
MEDICAL CERTIFICATION	gave rise to in couse (a), stat underlying couse PART 2 OTHER SIGNATE OF OPER.  210. ACCIDENT WAS UPON CONTRIBUTING CONTRI	y, which mediate ing the se lost.  SNIFICANT CO  ATION  ATION  DERIVING   CAUSE OF DEATH  DICAL EXAMINER)  RRED	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  196 COND  216. TIME C  HOUR A.  P.  21e PLACE	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH D  M.	DEATH BUT OPERATIO AY YEAR	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YE IN CERTII YE	S, WERE FINDI FYING CAUSES	NGS U
	GOVE FISE TO IN COUSE (0), STOT UNDERLYING COUSE (1), STOT UNDERLYING COUSE (IF EITHER NOTHY MEI COUSE (IF EITHER NOTH) C	y, which nmediate ing the se lost  GNIFICANT CO  ATION  MDERITING  CAUSE OF DEATH DICAL EXAMINER)  RRED  ORK	DUE TO, O  (c)  DUE TO, O  (c)  19b. COND  19b. COND  21b. TIME O  HOUR A.  21c. PLACE  LAT HOME STI	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY  M. MONTH D,  M.  OF INJURY  REEL FACTORY, OFFICE F	OPERATIO  AY YEAR  19	21c HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YE. IN CERTIII YE. RY IN ITEM IS. I	S, WERE FINDI FYING CAUSES ES PART I ORPART 7)	NGS U
	gave rise to in couse (a), stat underlying couse PART 2 OTHER SIGNATE OF OPER.  210. ACCIDENT WAS UPON CONTRIBUTING CONTRI	y, which namediate ing the se lost.  GNIFICANT CO  ATION  ATION	DUE TO, O  (b)  DUE TO, O  (c)  DIVIDITIONS CO  196 COND  216. TIME C HOUR A. P. 21e. PLACE LIAT HOME STI	R AS A CONSEQUE  ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  M. MONTH D.  M.  OF INJURY  REEL FACTORY, OFFICE F  THE deceased from	OPERATIO  AY YEAR  19	711 LOCATION	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO	20b. IF YE. IN CERTIF YE. RY IN ITEM IS. I	S, WERE FINDS FYING CAUSES ES D PART I OR PART 7)	that
MEDICAL	GOVE FISE TO IN COUSE (0), STOT UNDERLYING COUSE (1), STOT UNDERLYING COUSE (1), ACCIDENT WAS UTOR CONTRIBUTING (IF EITHER NOTHER MOTHER NOTHER NOTHER AT WORK AT WORK AT WORK (1) (We)  270. I certify that (1), SOW the deceadone, (1) (We)  271. SIGNATURE	y, which mediate ing the se lost  BNIFICANT CO  ATION  NDERLYING	DUE TO, O  (b)  DUE TO, O  (c)  DNDITIONS CO  196 COND  216. TIME O HOUR A. P. 21e PLACE [IAT HOME STI	R AS A CONSEQUE  ONTRIBUTING TO I  ITION FOR WHICH  OF INJURY  M. MONTH D.  OF INJURY  REEL FACTORY, OFFICE F  el deceased from  ofter death.	OPERATIO  AY YEAR  19  ARM, ETC.)	211 LOCATION SIREET  , 19  nd that in (my) (our) apinion	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  death accurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YE IN CERTII YE RY IN ITEM TS. I	S, WERE FINDS FYING CAUSES S T  COUNTY  19 Ju and from the	NGS U S OF D NC
MEDICAL	GOVER FISE TO IN COUSE (0), STOT UNDERLYING COUSE (1), STOT UNDERLYING COUSE (IF EITHER NOTIFY ME) THE COUNTY OF COUSE (IF COU	y, which mediate ing the se lost  BNIFICANT CO  ATION  NDERLYING	DUE TO, O  (c)  DUE TO, O  (c)  196 COND  216. TIME O  HOUR A.  P.  21e PLACE LIAT HOME STH	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY M. MONTH D  M.  OF INJURY REEL FACTORY, OFFICE F  and the deceased from	OPERATIO  OPERATIO  AY YEAR  19  ARM, ETC.)	211 LOCATION 211 LOCATION 210 19 210 nd that in (my) (our) apinion 211 DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  death occurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YE IN CERTII YE IN CERTII YE IN TEM TS I	S, WERE FINDS FYING CAUSES S T  COUNTY  19 Ju and from the	NGS U 6 OF DI NC

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

John C. Miller, Inc.-6415 Belair Rd.-21206



	STATE OF MARYL
FOR	DEPARTMENT OF MEASTLE AND

CERTIFICATE OF DEATH

	17	- 1	0 -	63	43	
7		3	5	23	3	1
	REG. NO	).				

REGISTRAR			REG. NO.	
DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Mary IV	largaret Mull	en		22 87 920 PM
3. SEX		OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
temale	White 01	03 10	77 ,	RS.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? & MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COL	INTY OF DEATH
Balto Md.	II. S. A. WIDOW		Hartord	MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	176. KIND OF BUSINESS OR
tallston	Italiston General	Hospital	Homemaker	Home
130 STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C	en Road 21154
14 FATHER'S NAME	TOTTECT O	15 MOTHER'S MAIDEN NA	ME	CH NOUN O'113 1
William	Thompson	Mary FIRST	Margaret	Lewis
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY NO. 213-44-9074	Barbara J. [	Dabbs, Streett,	
			,	
PART 1. DEATH WAS CAUSI	nly one cause per line for (a), (b), and (c)	er Luna mets		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIA	TE CAUSE 10) CA COLON WILL LIV	ev, Euro Mers		
	DUE TO, OR AS A CONSEQUENCE OF		Bry Tax	11,78.
Conditions, if any, which gove rise to immediate		ic coma		1/2
couse (0), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	Landon ton		
	101			
	CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	I GIVEN IN PART 110
4 19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20g AUTOPSY?   20b.	F YES, WERE FINDINGS USED
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING				ERTIFYING CAUSES OF DEATH?  YES NO NO
00.00.000.000.00		21c. HOW INJURY OCCUR	RED (ENTER NATUR OF INJURY IN ITE	M 18 PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINE				X
(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OF TOWN	COUNTY STATE
AT WORK NOT WHILE AT WORK				
	An and a second of the deceased from	19.87		, 19_87, that (I) (we) lost
	at view the body after death		death occurred on the date one	hour and from the couses stated
226. SIGNATURE	- N	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11-23-87
228 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
B-PAREKH MI	).	1908 HARFORD,	RD, FALLSTON	MD 21047
230. BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	23d LOCATION	
Burial	11-25-1987   Most H	loly Redeemer	Baltimore	Md. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been sign

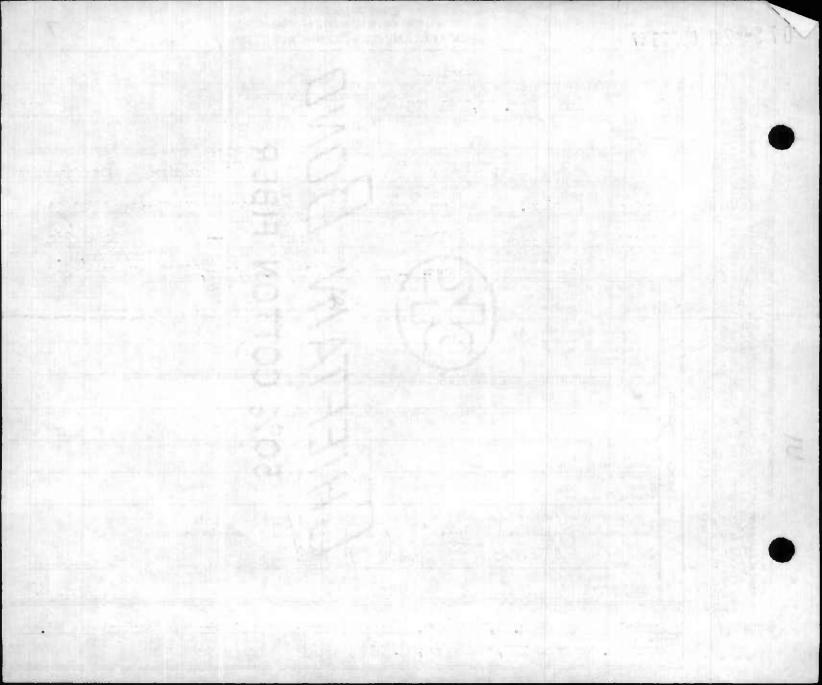
IMPORTANT: If Item 21 is morked ar Item 18 shows ony injury, or other troumotic event, the medical should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR
E.F. Lassahn, 11750BelairRd.Kingsville, Md.21087

NOV 25 1987 Julia Dender Contains



		It	em 18a.?	0,22a, 1	-18-88	G635	dw	STATE	F MARYLA	ND					
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UI	5928 DE		STATE TRAR			MED	DICAL EXA	MINER	S CERTIFI	ICATE O	0	REE NO	2 0	9	
			CEASED NAMI	E FIRST			MIDDLE		LAST		20 DATI	KNOWN C	MONTH	DAY YEAR	26 HOUR
	福祉の成立			Jose	eph	An	thony		Mulle	r	DEAT	H MATED	J., 6.0	19 19 87	M
	50-5E	2. 5EX		4. RACE	MONTH		YEAR LA		FUNDER TYR.		MIN PRONO		MONTH	DAY YEAR	2d HOUR 8:54E
	Pager	Ma.		White		. 16,1	961 26	YRS.	NOITHS DATS	HOOKS	DE	AD .	12	19 19 87	0:54E
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	ASSES -		ryland	-1-1-1-1		USA			DOWED 🗆	DIVORCE		rford (			MD
	元本公司を	" CI	TY OR TOWN	OF DEATH	(IF NO	OT IN SUCH FAC	ILITY, GIVE STREET A	(DDRESS)		UTION	12a USUAL OCC FOR MOST OF W	ORKING LIFE)		OR INDUS	TRY
	302 20		allstor				n Genera		pital	10 to	Elect	rician	p	onstru	ction
100	20000	13a. S		(IF IN NURSING HO		STITUTION, GIVI	Tac. CITY OR T	OWN	T3d. INSIDE	CITY LIMITS?	13e STREET ADD	RESS			
- 5	ASAGA	Ma	aryland	Ba	lto.		Bradsh	aw	YES 🗆	NOX	11208 P	fieffer	Road	2102	1
3	H-WORLS	1	ATHER'S NAME		MIDDLE		LAST		CONTRACTOR OF THE PARTY OF THE	HER'S MAIDEN	NAME	WIDDLE		LAST	0.316
90	ASS. S.	U	Philip	P	atrick	1	Muller			anta				ttagli	
3	PARTE IN		VAS DECEASES ES, NO, OR UNKNO	D EVER IN U.S.	ARMED FOR		166. SOCIAL S	SECURITY NO				ADDRES	Bradsh	aw,Md.	21021
1	SA TANK	1	Yes		cetime	-	220-88		Phi]	lip P.	Muller,	11208 F	fieff		
6	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		18 CAUSE O	F DEATH (Enter	only one cou	use per line f		1 , ,		Y DO L				BETWEEN ONS	
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20	PENDENDE PENDE PENDENDE PENDE PENDENDE PENDE	CERTIFICATION	19a DATE OF	OPERATION	119	% CONDITI	ION FOR WHIC	'H OPERATIO	N WAS PERFO	RMFD2	7			2D AUTOPSY	2
3	HIEF / HEF / NSED	FIC						0						YES 🔀	
	WORK SE	ERT	210 EXTERNA	AL CAUSE WAS	21	16. TIME OF	INJURY	2	Ic HOW INJUR	Y OCCURRED	(ENTER NATURE OF	INJURY IN ITEM TO	PART 1 OR PART		NO []
) O NOISING	CERTIFICATE SH CERTIFICATE SH DED TO THE CO E 3 SHOULD BE L E DEPARTMENT CO DI-PRIOR TO BUR		UNDERLYING	OR NG CAUSE (	DEDEATH	HOUR A.M. P.M.	MONTH DAY	YEAR							
5	SHO TO	MEDICAL	21d. INJURY C			le PLACE O	F INJURY (AT	19 HOME. 21	LOCATION				100		
2	ARITIED SE 3	¥	WHILE C	NOT WHILE		STREET, FACTO	ORY, FARM, ETC.)	Tion !	STREET		CITY OR	NWO	COUN	ITY	STATE
	E, WRII RWARD PAGE: STATE (), 21201								otopiy X						
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	CAMI ERTIFIED BE IRECT WITH ARYL		death result	ed from: / No	alural causes	-	Accident	Ancide	7	SPECIFY	Undetermined	manner			
	WAY TO SEE		ACTUAL SIGNATURE	1/	man	T Or	- 4	all te		istant			DATE	12/20	/87
	SEA STAN	1	SIGNATURE,	III GOOD	73.11	7727		-	17		MEDICAL EXA	AMINER	SIGNED		
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR: TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALLIMORE, MARYLAND,		EXAMINER'S (TYPE OR PRI	NAME ME	ario F	. Gol	le, Jr,	M.D.	ADDRESS.	111	Penn St	t.	F	Balto.N	D.
	TO ME PAGE TO FU	23a B	URIAL CREMA	TION, REMOVA					RY OR CREMAT		23d LOCATION		COUNTY	,	
07.8	4 BP 941		Burial		Dec. 2	23.198	7 Mt.	Zion C	emeter	J	Bel Air		rford	M	TATE
25M		24 FI	UNERAL DIREC							250. PATE RI	ECO. BY REGIST	AR 256 REGI	STRAR'S SIC	NATURE	
	(VR A15 ME (5))	HC	wara K	. McCom	as III	L, ADL	ngaon, M	ki. 210	109	10	di, li				



TO MOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physicion

DHMH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7		1 -	STATE REGISTRAR		OLI AR	CERTIF	CATE OF DEATH	8 7 REG. N	3 5 3	8	Ö
6 JAN	-		EASED NAME FIRE	ST .	MIDDLE	- (	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
deoth deoth		(TYPE	OR PRINT) Marc	aret		Y	Mustari)	Dec	. 23/9	987	9:55%
00		3. SEX		4 RACE	3.	5. DATE C		6. AGE (IN YEARS LAST BIR		ER I YEAR	F UNDER 24 HRS
ector, p		F		W		MONTH	28 02	85	YRS MONTHS	DAYS	HOURS MIN
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ON E			OUNTRY)	U.	S.A.	WIDOWE	NEVER MARRIED	HAI	FORD		MD
by the funer filed within 7	6	110	VRE SE GRAC	(IF NOT IN SI	JCH FACILITY, GIVE STRE	ING HOME	HOSPITAL	12s. USUAL OCCUPATI	ON 126 F WORKING LIFE) IN	NIND OF	BUSINESS OR
d be	3 1	USU/ 13a. S	L RESIDENCE (# NURSING HOTATE	OME OR OTHER INSTITUTIO	H GIVE RESIDENCE BEFO		138. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
3 3	W.C.			IARFORD	HAVRE		AGE NO [	3618 OLD	LEVEL	PD.	21078
2 sh	10	I4 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST	
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Poges 1	1		/AS DECEASED EVER IN U.	S. ARMED FORCES? ES. GIVE WAR OR DATES)	220-44		17 INFORMANT	ADDRE	ŠS		
O 5. 8			18 CAUSE OF DEATH (En	ter only one rouse p	er The fower of the	andrew	0-			APPROXIMATE BETWEEN ON	ATE INTERVAL
physic poper			PART I. DEATH WAS C	AUSED BY	MRI	) IAT	PRICE	ST			DET HOLD DE HILL
ding rbor or re			IMM	EDIATE CAUSE (a)_	70 100	uruer 6		1			
rend on, o			Conditions, if any, whi	ab 6	OR AS A CONSEQ	VENCE 12	TERNICI	EROSIC	53: 1		
anotion r tro	-		gave rise to immedia couse (a), stating t	te )					7.34		
othe other	-		underlying cause la		OR AS A CONSEQ	UENCE OF					
0 0			PART 2. OTHER SIGNIFIC	ANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN	PART Ica	
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mit. prior	-	CERTIFICATION	190. DATE OF OPERATION	196 CON	DITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES, WER		
hos per per	1	LIFIC						YES TI NOTO	IN CERTIFYING YES	CAUSES	NO
ysicie cote onsit Hygie 8 sho		CER	21a. ACCIDENT WAS UNDERLYI		OF INJURY		21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	R PART 2)	
phy rrific ol-fre fol H	6		OR CONTRIBUTING CAUSE	OF DEATH	A.M. MONTH P.M.	DAY YEAR					
ding burie Men		MEDICAL	21d. INJURY OCCURRED		E OF INJURY	14	211 LOCATION				
the the ond		ME	WHILE NOT WHILE	(AT HOME. S	STREET FACTORY, OFFIC	E, FARM, ETC	STREET	CITY OR TO	WN CC	OUNTY	STATE
Afte e os olth			22a.t certify that (I) (this	hospital) atlended	the Necrosed from	12	123 10/7	10/2/	10	7 14	nat (I) (we) last
OR OR			saw the deceased all	ve an/ L	19	1100	d that in (my) (aur) apinio	on death occurred on the d	ate and hour and	,	
RECT ed for pt. o		1	obove, (I) (we) (did) (	did not) view the box	ly after death.	/	DEGREE		12	2. DATE SE	IGNED
RAL DIR detoch tote Del NT. If In		(	Dantin Y	much	am		ATTENDING PHYSICIAN	MEDICAL STA	FF _ /	2/24	487
TO FUNER should be with the St			PHYSICIAN'S NAME	(TYPE OR PRINT)	ONAR	416	HAYRE	de Gray	Md 2,	107	Y
ē F#3 ₹		23e E	URIAL, CREMATION, REM	OVAL 236. DATE	23	NAME OF	EMETERY OR CREMATORY	23d LOCATION	COU	DITY.	STATE
BP			emoval	12-2	7-87			CITT ON TOWN	COO		SIAIE
AH - 16 50M 1/81		24 FU	INERAL DIRECTOR				A 4	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATU	RE
(VRA 15, 4)		S	tate Anato	my Board	l Bal	lto.,	Md. JA	IN U 5 1988	Julia Days	con lia	nden

Fred Latter and - Controlli terriginal language and the second states of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	3	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificals be executed within 24 hours after death. Fage 4 may DO retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending pility-clos and condition filled in the funeral director, poges should be detached for use as the burial-transit permit. Then please remove containing page 1. Fage.	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remained.  IMPORTANT, If them 21 is marked or them 18 shows any initiary or anther trainmate.
DIVISION OF VITAL RECC		TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit permit	MADORTANT: if them 21 is mosted or them 18 shows on

BP\_ DHMH - 16 60M

	3	FOR		DEPARTA	MENT OF HEALT	TH AND MENTAL HY	SIENE	-r r	62 52	- 0
	1.	STATE REGISTRAR				TE OF DEATH	2 7	G.NO.	0 0	7
	1. DE	CEASED NAME , FR		MIDDLE	LAST	- /	20 DATE OF DEA		DAY YEAR	2b. HG
10V 2	7 8	PRPRINTI WIL	LIAM		N	ELSUN		11 2	13 87	9
	3 SE	X	4 RACE		5. DATE OF BIR		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I EAR	HOURS
1	5	Male	Whi		Лар.	28. 1913	74	YRS		MOURS
1 5		IRTHPLACE (STATE OR FOREK	10 0	WHAT COUNTRY?	MARRIED X	NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	Y OF DEATH	
21		Vew York	U.S.A.		WIDOWED	DIVORCED [	HARFO		DUNTY	_
2	T	ALLSTON	TAUS!		DECAL 1	40SPFTAL	Komfört		126 KIND OF	Em
5	130 3	AL RESIDENCE (IF NURSING H STATE 136 Md. Ha	ione or other institution COUNTY AFFORD	13c CITY OR TOW Street	N 113d	INSIDE CITY LIMITS?	13e.STREET ADDR			4
100		ATHER'S NAME	MIDDLE	LAST		MOTHER'S MAIDEN NA	ME		July Timus	
80	-	obert		Nelson	-59	ma Mary	Haigar !	Lightbo	dy - 21	154
dical		WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (#	LS. ARMED FORCES? YES GIVE WAR OR DATES)	166 SOCIAL SECU	JRITY NO. 17	NFORMANT	, A	DDRESS2922	Dublin	Rd
1/	no	0		078-10-	8305 Mr	s. Barrie H	Heiser,	Stree	APPROXIM	
1		PART I. DEATH WAS C	AEDIATE CAUSE (a)	CHYCO	loru	C MC WITT	7 171	NES!		
ther traumot		Conditions, if any, who gove rise to immedia couse (a), stating to underlying couse la	ich (b) the DUE TO, C	OR AS ACONSEQUE	SSINE	Heme	species	5/PNG	unsN/1	1
ows ony injury, or other troumof	FIFICATION	gove rise to immedia couse (a), stating	ich (b)_ote the DUE TO, C ost. (c)	OR AS OCONSEQUE	ENCE OF C		AINAL DISEASE OR	20b. IF YE	VEN IN PART 110	OF DEA
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PRESTON ST

DIVISION OF VITAL RECORDS.

REGISTRAR DECEASED NAME

Fallston

3 SE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1074		
1		3
- 4	REG NO	

8 7 REG. NO.	2	2	7 0	
L DATE OF DEATH MONTH	DAY	YEAR	26 HOUR	
December 24,	19	87		
AGE (IN YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 2	HRS

	Randolph	M.	Newcomb	December	24,	198	7	
X	4 RACE		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY)	IF UNDE	RIYEAR	IF
Ma1e	7	White	June 23, 1920	67	YRS	MONTHS	DAYS	H
IDTHOLACE		ELL OF WHILE COLU	NATOVO I				. ***	_

BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED

Virginia WIDOWED DIVORCED | O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

407 Wilgis Road

Harford County 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret Pipe Fitter

Maryland	Harford	Fallston	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 407 Wilgis		21047
14. FATHER'S NAME FIRST Cecil	MIDDLE Q•	Newcomb	15. MOTHER'S MAIDEN NAM Carrie	ME MIDDLE E	Dr	rumhelle:

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Yes Clara M. Newcomb 407 Wilgis Road 210 217-05-6650

I	PART I. DEATH WAS CAUSED IMMEDIATE	BY: CAUSE (a)	CARDIOPU	month	y 7	ARREST	ETWEEN ONSET AND DE
	Conditions, if ony, which	DUE TO, C	or aga consequence of	+ Smare	cer	LANG CA	1-24
١	gave rise to immediate cause (a), stating the	DUE TO, C	DR AS A CONSEQUENCE OF			Treshield in	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
and the second second			YES NO	YES NO	
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PART I OR PART 2)	

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION

CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (I) (this haspital) attended the deceased fram

sow the deceased alive an. and that in (my) (our) opinion death occurred on the date and haur and Iram the causes stated

ATTENDING L

	JOHON	1.	EDUM	433	FALISTUN	mar	24LAND	210
23 a	BURIAL, CREMATION, RI	EMOVAL	23b. DATE	23c NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	1	

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

Burial

Dec 28 1987

Parkwood Cemetery Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

TILL 1. STEPHEN STORY OF THE ST

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12-12-1987

Parkwood Cemetry

075067 of 1534

REGISTRAR DECEASED NAME

TYPE OR PRINTS

I SPECIEVE

24 FUNERAL DIRECTOR

Burial

BP

DHMH - 16 60M 7/84 (VRA 15. 4)

FIRST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH

2h HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 1 YEAR

GLEN

21087

Cassidy

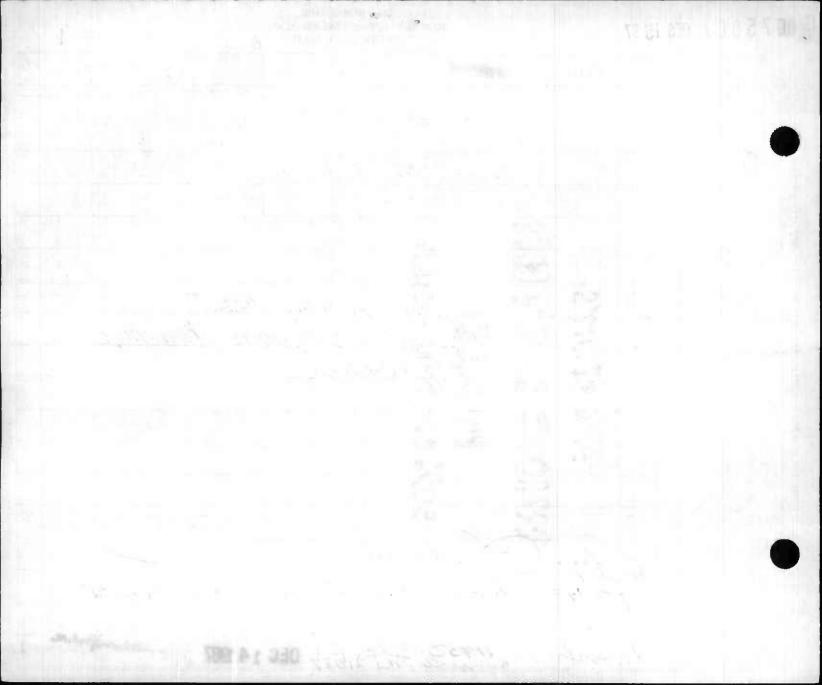
YES |

Parkville

COUNTY

22c. DATE SIGNED

Md.



requires that the death certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital ar attending physician.

0734

	STA	TE	OF	M	ARYL	ANI
DADTMEN	OF	uc	AL	r LI	AND	-

REG. NO	5	8	9	2
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ov an i	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE 8 7 REG. NO 5	8 9 2
1 DE	CEASED NAME FIRST HU	K.	PARKS	Nov. 24	1987 11:16
3. SE	9	White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
70 B	Male IRTHPLACE (STATE OR FOREIGN	WILLTE 76 CITIZEN OF WHAT COUNTRY?	April 25, 1924	9. BALTIMORE CITY OR COUN	
× <	rginia	USA	MARRIED XNEVER MARRIED WIDOWED DIVORCED	Harton	)
10 C	AUTE DE GRACE	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOIL MOST OF WORKING ASST. NUTSE	126 KIND OF BUSINESS C INDUSTRY US-govt. Ret
130.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN aryland Harfor	TY I3c. CITY OR TOWN	1 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 3120 Aldino Roa	ad 21028
3 14 F/		ington Parks	15. MOTHER'S MAIDEN NA FIRST  Marv	Magalee	Haga
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECUR		ADDRES Md.	2
Ye		225-24-01	110 Lida L. Park	s, 3120 Aldino	Road, Churchvil
7	PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and D BY: E CAUSE (a)	Myrcardial en	Livetien	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
r, or other traum	Conditions, if ony, which gave rise to immediate cause (a1, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D	ordine hear		3 VEAN
8 shaws ony injury	190 DATE OF OPERATION	196. CONDITION FOR WHICH (	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES NOSE	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
_	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	18	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM I	
rked or Item	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
21 is mo	22a I certify that (I) (##s hospit saw the deceosed alive an above, (I) (##e) (did) (did not	ol) ottended the deceased from	ond that in (my) (our) opinion	death occurred on the date and h	our and from the causes stated
ANT: If frem	22b. SIGNATURE J Pla	inkett J	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
MPORT	3. J. P	lunkett		SAIR St, Ab	erdeen, m)
			AME OF CEMETERY OR CREMATORY  Ford Memorial Gard	23d LOCATION CITY OF TOWN  dens, Aldino F	GOUNTY STATE
/81 PH	uneral director oward K. McComas	s III, Abingdon,	Md. 21009 NOV	TE REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE

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	20	1	STATE OF MARYLAND	
	1	1	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE	. 7
1. 1 '	2 2 DEC -	7 8	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 8  LAST  To DATE KNOWN D MONTH DAY  MIDDLE (NO. 1)  LAST  TO DATE KNOWN D MONTH DAY	3
4 1 4	強強の関係に		TWO POR BONITY	1987 / 26 HOUR
X	PER	3.5	SEX  ARACE  S DATE OF BIRTH  MONTH  DAY  YEAR  16 AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   21. DATE  MONTH DAY  WONTHS DAYS HOURS MIN.   PRONOUNCED  DEAD  11 28	87 26 HOUR
-	SERVICE SERVIC	70	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)   8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTRY OF COUNTRY	DEATH
	是是 50 3		NY, WIDOWED DIVORCED FACCITOR	torrford GLMD
	SEASON O	2	(IF NOT IN SUCH FACHITY, CAVE STREET ADDRESS)	ND OF BUSINESS RINDUSTRY
1001	RIVIED S		JOUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  36. STATE  M. COUNTY  FORD  136. CITY OR TOWN  YES  NO  136. SIREET ADDRESS  HILLIANDOOD  137. CITY OR TOWN  YES  NO  138. SIREET ADDRESS  HILLIANDOOD  139. SIREET ADDRESS  HILLIANDOOD  130. SIREET ADDRESS  HILLIANDOOD	Rd
3	5-365	N II.	4 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME 73 CHIEF FIRST	P Alla
ORE	388 38K	160	1 SAAC  FETSKY  BEATTINE  66 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES NO DECEASED EVER IN U.S. ARMED FORCE	1. 151
MITIM	S ATER SONE P TH FOI VISION	1.	YES- HERMY 1956-1958 217-34-1195 HOSPITAL RELEASED BEILD BEILD	Md. 21014
. 151	HOURS W 18. C W W 18. C W DIA N DIA		PARTIDEATH WAS CAUSED BY:	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
NO NO	A SERVICE OF A SER		DUE TO, OR AS A CONSEQUENCE OF	
120	THIN THIN THIN THIN THIN THIN THIN THIN		Conditions, if ony, which gove rise to immediate (b)	
gal}	PENT - TR		couse (o) stoting the under- lying couse lost.  DUE TO, OR AS A CONSEQUENCE OF	
. 20	SE S		(c)	
RECORDS	BE EXECUTION OF THE PROPERTY O	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
LRE	FE A HEA	7 5	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 A  216 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR AM MONTH DAY YEAR  216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	AUTOPSY?
VITA	SHO VORD VORD NI OF		* I Land The Control of the Control	YES NO TO
DIVISION OF	TA TO TO			
SON	SHOULD SHOULD BARRIES		UNDERTYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED  21d PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY	
DIVI	WRITING WRITING ARDED AGE 3 SI ATE DEP	N N	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET  STREET, FACTORY, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY	STATE
	ATE, TORW		220 I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry ., and in my opinion	FIT AND
	BE I		death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined monner .	
	MAR WAR		ACTUAL LIES SOLLA TITLE (SPECIFY), DATE	1-28-8)
-	EDICAL JTE THE A SHO JNERAL S DEATH		SIGNATURE MEDICAL EXAMINER SIGNED	aune a
	<b>₹</b> UHE BE	×.	EXAMINER'S NAMELUIS E RENJEL 1) ADDRESS 464 allimace in gr	aril
07.7		230	130 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY CHYOR TOWN CHYOR TOWN COUNTY BELL AIR HARFORD COUNTY BELL AIR HARFORD COUNTY	STATE
07 84 25M		24	24 FUNERAL DIRECTOR TOSTET 50 W. Brondway & Loukens St. 250. DATE RECD. BY REGISTRAR 256 REGISTRAR'S STONAT	
	DHMH - 17 (VR AT5 ME (5))	<	Jones France BEL Air, Maryla 2101x DEU 3 1987 Julie Saide	A. Dentales

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73070 N		FOR SJATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 7 REG. NO.	5 8 9 4
oge 3		CEASED NAME FIRST GEOV	A. MIDDLE A.	I. D. D. ATE OF BIRTH	- KEOITTO	10 AY YEAR 20. HOUR 30 20 1987 10 AM
4 99	70 B	RTHPLACE PLATE OR FOREIGN	Megro  Th CITIZEN OF WHAT COUNTRY?	120v. 24 1904	82 9. BALTIMORE CITY OR C	YRS.
deoth.		COUNTRY) M	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		Harford Mo.
offe of the	Ha	Ure de Egnet	115 NOT IN SUCH FACILITY, GIVE STREET	lorial Hospital	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF W M CC4A N	
filled in by could be file	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Land HOLLY		130 STREET ADDRESS 506 HARA	Rd. 21001
ed within 24 mpletely fille od 2 should examiner no	14. F/	THER'S NAME FIRST EWIS	MODLE Penies	15. MOTHER'S MAIDEN N	AME MIDDLE	Collens
be executed on and composed to the control of the c			RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 215-09-	ISS8 P. H. Wa	Lidd-address	Lerdeen Ml.
es that the death certificate be by the attending physicio please remove corban papers, urial, cremotion, ar removal in, or other traumotic event, the		PART I. DEATH WAS CAUSE	DIE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (b)	gulmonary Plant	Arriet Failur OSIS -	Minestronial Arte ORATH
signe signe hen pi to buri	NO O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
6 4 0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
IG PHYSICIAN: The ottending physicion per this certificate has the buriol-transit p is the dorn frem 18 show red or frem 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY II	NITEM 18. PART I OR PART 2)
or ottendin After this c e os the bur olth and Me	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN Pitol TOR: for us of He		I saw the deceased alive or	ital) attended the deceased from  1 22  19  19) view the body after death.	and that in (my) (aur) opinio	n death occurred on the date	and hour and from the couses stated
OR he he he both oche Dep	1	Dawin. h	mehom	DÉGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	226. DATE SIGNED 11/23/87
HOSPI bined b FUNE buld be th the S		DANTE	MONAKI	27e POPRESS	de Groce	Med 21078
5 g 5 4 ₹ ₹ ₹	23a	BURIAL, CREMATION, REMOVAL	. 23h DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	71 , 050 1

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5	STATE OF MARYLAND  FOR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Q S S DEC I	1 - STATE STATE CERTIFICATE OF DEATH 8 7 REG. NO. 3 5 8 9 5
oge 3 C	DECEASED NAME FIRST DADNE MIDDLE NOTE OF PENT DADNE 120. DATE OF DEATH MONTH DAY YEAR 126 HOUR DADNAGE. Aird PREWHOMME 120. DATE OF DEATH MONTH DAY YEAR 126 HOUR DADNAGE. Aird PREWHOMME
E d j	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER LYEAR FUNDER AGESTS
Page 4	Female White June 14, 1893 44 YRS
deoth.	SEST INDIES U.S.A. WIDOWED DIVORCED   HARFORD MD.
by the fulled with notified	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FAILS FON GONERA! HOSPITAL.  120 USU'AL OCCUPATION (IT NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  INDUSTRY  HOWEMAKET
24 havr	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  136. COUNTY  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  136. STREET ADDRESS / ZIP CODE  137. STREET ADDRESS / ZIP CODE  138. STREET ADDRESS / ZIP CODE  138. STREET ADDRESS / ZIP CODE  139. STREET ADDRESS / ZIP CODE  14 Shamrock Road
ad within npletely and 2 showing	FATHER'S NAME  SAMUEL
e execute	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN (Proddow) 1836-7347 4 Shamrock Road  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  218-60-2765 Mrs. Patricia C. Diggins But Air, Manyland 21014
inficate by	18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and IC. I PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a), CAUSE (b), CAUSE (c), CAUSE (c
ooth cert	DUE TO, OR AS A CONSEQUENCE OF
by the at by the at se remove , crematin	Conditions, if ony, which gave rise to immediate cause ical, stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF
signed I hen pleo to burial	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAUDISEASE OF CONDITION GIVEN IN PART 110
law rec	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 276. IF YES, WERE FINDINGS USED TO CERTIFYING CAUSES OF DEATH?  YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
SICIAN: The gaphysicion of physicion of certificate horizont prioritol-transit prental Hygien (18 show	21g. ACCIDENT WAS UNDERLYING TO 21b. TIME OF INJURY AMONTH DAY YEAR PROPERTY OF CONTRIBUTION O
HYSICIA iding pl is certif burial-t Mental	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION
ING Ph r atten os the thand thand	WHILE OT WHILE AT WORK (AT HOME STREET, FACTORY, OFFICE PARM ETC.) STREET CITY OR TOWN COUNTY STATE
Spital or Spital or CTOR: A for use of Heal	27a.1 certify that (I) (this haspital), attended the deceased fram 19 , that (I) (we) last saw the deceased alive an 19 , ond that in (my) (aur) apinion death occurred an the date and hour and from the causes stated apove, (I) (we) (did) (did nat) view the bady after death.
y the hory the hory and DIRECTOR Additional Control of the Director of the Director of the Dept.	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12-7-87
TO HOSPITAL TO FUNERAL should be det with the State	G. L. Louie M.D. I WEST Ring Factory Road, BET Air, Maryland 21014
	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION
BP DHMH - 16 60M 7/B4	EUNERAL PIRECTOR : 50 W. Broadway & Williams St. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
(VRA 15, 4)	Jonetice The BEI Air, Maryland 21014 DFC 08 1007 Pulia Deviden Bondose

STATE	OF	MARYLAND
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			1.2	19	87		6 K

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1	REGISTR	AR				CERTIF	ICATE OF DEATH	8 / REG. NO.	5 8 9 0	
	CEASED N.	AME	FIRST	1	MIDDLE	L	AST	20. DATE OF DEATH MON		
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3. SEX	X		$\overline{}$	1. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY		-
F	emale	9		Whit	ce <sub>1</sub>	MONTH 8-	-29-07 YEAR	80	YRS. MONTHS DAYS HOURS	1 M
		(STATE OR F	OREIGN	b CITIZEN OF	WHAT COUNTRY	? 8	□ NEVER MARRIED X	9. BALTIMORE CITY OR CO		
M	Id.			U.S.A		WIDOWE		Bel AirHa	arford Co.	,
	Bel Ai	VN OF DEA	TH	Bel Ai	HOSPITAL, NURSI HEACILTY, GIVE STREET TONVAL	TADDRESSI escent	Center Center	12a. USUAL OCCUPATION (Type of work for most of work Ret. Account	12b. KIND OF BUSINES INDUSTRY tant	SSC
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	THER'S NA		nal i	OI u	Del All	•	YES 1 NO		Ct. 21014	
III FA	Jol	_	M	MDDLE	Ramming	5	15. MOTHER'S MAIDEN N		Bishop	
				MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS		
	NO OR UN		, , , , , , , , ,	······································	215-03-	-0438	Jean S. Who	eler, Same as	A3e	
7	underlyin	se to imn o), statin ig cause	g the last.	(c)	R AS A CONSEQUE	506	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	DN GIVEN IN PART 110	
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	OR CONTRI	BUTING []	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART ?)	
MEDICAL		EY OCCURE	ED.	21e. PLACE		August 1	211 LOCATION	city or town	COUNTY SI	STATE
	The certify that III this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19									
	274 SICH		en	W	>	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED	
	22d PHYS	CIAN'S NA	AME (TYPE OF	PAJ	Dinc	MI	13 Be	l AIR PD	BERARIO	10
	BURIAL, CRI	EMATION,	REMOVAL	23b. DATE	23(.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	TATE
		Burial		12-22	-87	Parkwo	ood	Balto. Me	d.	- AIE
24. FL	JNERAL DI	RECTOR					25a D	ATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE	

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Leonard J. Ruck, Inc., 5305 Harford Rd.

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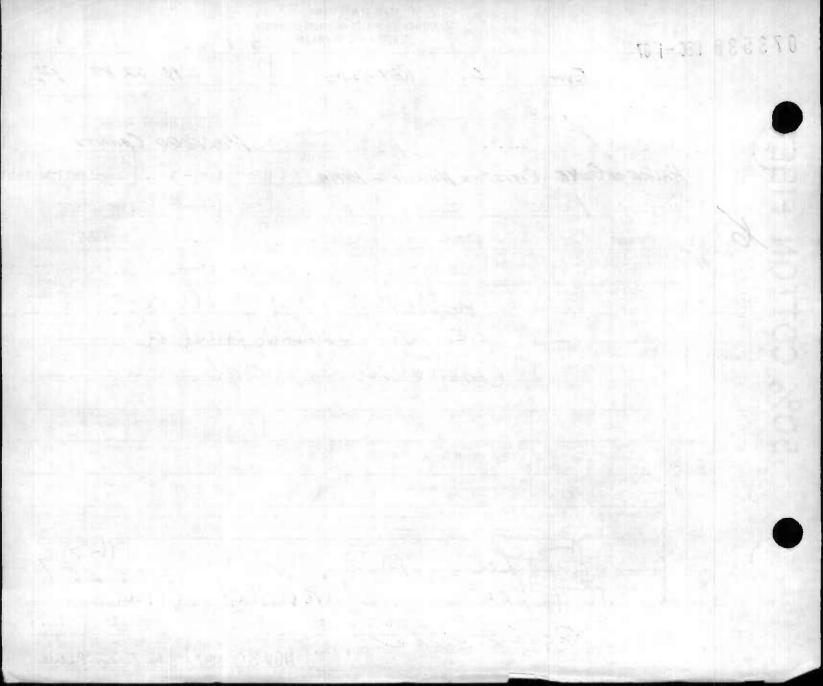
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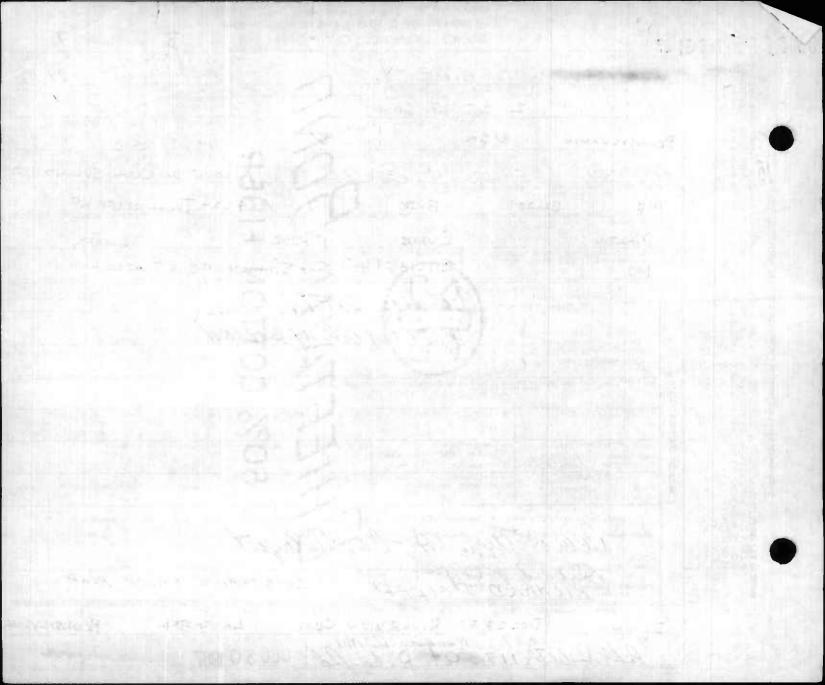
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25	Ma:	AL RESIDENCE IF MURING HORE OF THE COURT OF	COLUMN TO THE PARTY OF THE PART	OWN	THE NSIDE CITY LIMITS?	13 Riversi	de Drive 2	21921
	0	Thomas	Lloyd		Edna	ME MEDIE M.	Atwoo	od .
	Ide V	NAS DECEASED EVER IN U.S. AF	Action in the Asia Asia States		II INFORMANT Sandra R. Fur	ADDRESS ake,159 River		Lktor
other troumatic		Conditions, it any, which gave rise to immediate toute of stating the underlying course last.	DUE TO, OR AS A CONSECULATION OF THE PROPERTY	DUENCE OF	Jackeni Jacken	Je powel	d	
y injury, or other traumatic	TION	gove the to immediate tools and stating the underlying course last.  PART 2 OTHER SIGNIFICANT	DUE TO, OB AS A CONSTO	O DEATH BUT	Jackour MULES AND THE TERM	01	Service Salarini (Service)	
Some pary injury, or other traumatic	THICATION	gave rise to immediate course out stating the underlying cause last	DUE TO, OR AS A CONSECULATION	O DEATH BUT		U     186 AUTOPSY7   120	ION GIVEN IN PART 1:  III. IF YES, WERE FINDH  N CERTIFYING CAUSES  YES	NGS USES
fem 18 shows any injury, or other traumatic	CERTIF	gove the to immediate tools and stating the underlying course last.  PART 2 OTHER SIGNIFICANT	DUE TO, OB AS A CONSCIONATION ON THIBUTER OF WHILE  THE CONDITION FOR W	O DEATH BUT	N WAS PERFORMED	284 AUTOPSY7   21	IL IF YES, WERE FINDING CAUSES	NGS USE
shedge from 18 shows any injury, or other traumatic	MEDICAL CERTIFICATION	gove the to immediate tooks (at 5 stating the underlying come last).  PART 2 OTHER SIGNIFICANT:  IVE DATE OF OPERATION  THE ACCIDENT WAS UNDERLYING [ OR CONTINUITING [] CAUM OF DE	DUE TO, OB AS A CONSCIONATION ON THIBUTER OF WHILE  THE CONDITION FOR W	O DEATH BUT CH OPERATIO DAY YEAR 19	N WAS PERFORMED	186 AUTOPSY7   21	IL IF YES, WERE FINDING CAUSES	NGS USE OF DEAT NO
m 21 s masketge fam 18 skows any injury, as after traumatic	CERTIF	gove rise to immediate cooks set is stating the underlying cooks lost.  PART 2 OTHER SIGNIFICANT!  THE DATE OF OPERATION  THE DATE OF OPE	DUE TO, OR AS A CONSCIONATION ON THIBUTING TO THE CONDITION FOR WHITE AST HOUR A.M. MONTH IN P.M.  21& PLACE OF INJURY INTERNAL STREET FACTORS CORES (tol) offended the deceased from the consent of the condition of the deceased from the condition of the deceased from the condition of the conditi	DAY YEAR 19	THE LOCATION STREET	286 AUTOPSVY 28  YES NO NO NORT A  ETT OR TOWN	Ib IF YES, WERE FINDING CAUSES YES TO COUNTY COUNTY	NGS USE OF DEAT NO [
TANT If them 21 is marked or them \$ shows any injury, or other trainmatic	CERTIF	gove rise to immediate course (set in a course set). Stating the underlying course last.  PART 2 OTHER SIGNIFICANT:  IVE DATE OF OPERATION  TIE ACCIDENT WAS UNDERLYING [OR CONTINUITING [OR CAME OF OR 19 FLORER NOTIFY INDICAL CLAMMED CONTINUITY IN THE CONTINUITY OF	DUE TO, OR AS A CONSCIONATION ON THIBUTALG TO THE CONDITION FOR WHILE THE CONDITION FOR WHILE THE CONDITION OF THE PLACE OF INJURY LATER CONDITIONS STREET, PACTOR CORE (IND.) attended the deceased from the body after death.	DAY YEAR 19	THE HOW INJURY OCCUR	286 AUTOPSVY 28  YES NO NO NORT A  ETT OR TOWN	th IF YES, WERE FINDS CERTIFYING CAUSES YES (1) TEM IS PART CONTACT)  COUNTY  19  27(1) 12	NGS USE OF DEAT NO [
MPOSTANT If hem 21 is marked or hem 18 shows any injury, or other trainmatic	MEDICAL CERTIFI	GOVE THE SO Immediate Course 1912 SEGNATURE  DATE OF OPERATION  FIG. ACCIDENT WAS UNDERLYING TO CONTINUITING TO CAUSE OF CHARMEN THE PROPERTY OF CONTINUITING TO CONTINUITING	DUE TO, OR AS A CONSCIONATION ON THIBUTING TO THE CONDITION FOR WHITE HOUR A.M. MONTH IN P.M.  21& PLACE OF INJURY INTERNAL CORRECTION CORRECTI	DAY YEAR 19 CLEARASTE)	THE LOCATION  TH	284 AUTOPSV7 21 YES NO NO NOWN ENTY ON TOWN LITY ON TOWN LITY ON TOWN ABOUT A STAFF	th IF YES, WERE FINDS CERTIFYING CAUSES YES (1) TEM IS PART CONPART)  COUNTY  19  27(1) 12	NGS USES OF DEAT NO [



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•		CEASED NAME FIRST		WIDDIE	LAST	20 DATE KNOWN	MONTH DAY YEAR 126 HOUR
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以田田王田	FO	DREIGN COUNTRY)		GOOTHKI,	MARRIED   NEVER MARI	RIED .	3.
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しるとこの世紀	KA	tour - al	(IF NOT IN SUCH FAC	CHITY, GIVE STREET ADDRESS)	1-0.1	FOR MOST OF WORKING LIFE)	OR INDUSTRY
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= 2559%	WSU.	AL RESIDENCE (IF IN NURSING HOME OF C	THER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION	lia i mana anni anni	1	7/04.3/
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5 80E9 S		18 CAUSE OF DEATH (Enter only o	to the second se	101202 100 -			APPROXIMATE INTERVAL
THE CONTRACTOR		18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B	ine cause per line	(a), (b), and (c).)	1 . 12/		BETWEEN ONSET AND DEATH
A TENERA		IMMEDIATE (		onder	ances		
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SE S	E	WHILE NOT WHILE AT WORK	SIREET, PACI	ORT, PARM, ETC.)	SIREEI	CITY OR TOWN	COUNTY STATE
PAN TH		AT WORK AT WORK					
L EXAMINER: E CERTIFICATE, OULD BE FORM, I. DIRECTOR: H. WITH THE S.		22a I certify that I took charge o	f the remains desc	cribed above, held an	Autopsy Impedie	Inquiry .	and in my opinion
EXAMINE CERTIFICA JUD BE FC DIRECTOI WARYLAN		1	· HT	🖂		,	7
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* SER ERE		(TYPE OR PRINT)	1700	COLFE	ADDRESS		
TO MEDICAL EXAMENECUTE THE CERTIFICATION OF A SHOULD BATER DEATH WITH BATTINORE, MARY	23e. B	URIAL, CREMATION, REMOVAL 236	DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d LOCATION	
	(3	SPECIFY)			IKW CEM	LANCASTER	COUNTY STATE
07/84 BP	04.5		tc 28,8	VIOLKO			. PEDUSYLVERA
4 74 A1	1 7 A F						
DHMH - 17	1	UNERAL DIRECTOR 2/6	ADDRESS	Mingarulle	mala Bo. DATE	REC'D. BY REGISTRAR 256 RE	
DHMH - 17 (VR A15 ME (5))			ADDRESS'	of ingaville	man UE		EGISTRAR'S SIGNATURE



FOR

me of director, page 3

e ottending physicion ond completely filled in by the fu mave carbon popers. Pages Y and 2 skauld be filled — fil

TO FUNERAL DIRECTOR: After this certificate has been ware the provided provided for use as the buriol-transit permit with the State Dept. of Health and Mental Hygiene pria to a certification, or removal. IMPORTANT: If them 21 is marked at them 18 shaws only injury, at other traumatic event, the

deoth certificate be executed within 24 ha

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician

h. Page 4 may be

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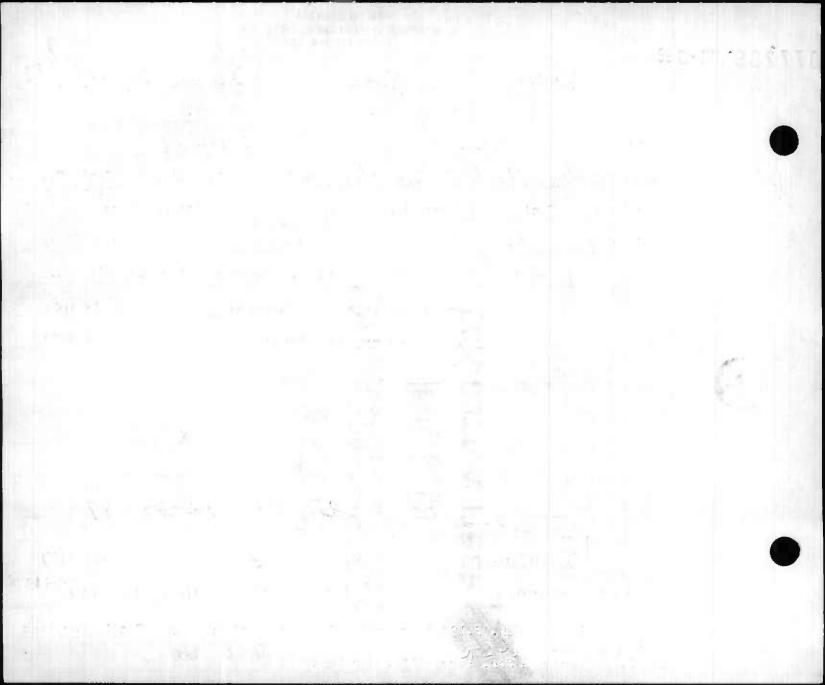
HYGIENE DEP.

250 DAJEREC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE

	00	REGISTRAR		C	ERTIFICA	TE OF DEATH	8 7	REG. NO	3 5	8 9	9
	T. DEC	EASED NAME OR PRINT)	PARTHA L	MIDDLE	IALE		Dece Dece	1	or 30	1987	1 3 AM
ı	3. SEX		4 RACE	5.	DATE OF BIR		6 AGE INYE			UNDER TYEAR	IF UNDER 24 HRS
		Female	Wh	nite	July	15 1919	68 y	rs.	YRS	NINS DATS	HOURS MIN
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gĎ	USUA 13a S	L RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTIO	13c. CITY OR TOWN		INSIDE CITY LIMITS?	13s STREET A	DDRESS		Educa	ation
1	Ma	aryland	Cecil	Perryvil	Le YE	NO 🗌	616	Richm	ond St	reet	21903
	H FA	THER'S NAME FIRST Charles	MIDDLE	Finney	15. A	Myrtle	AMÉ	WIDDLE	Ма	rtinď	äle
7		AS DECEASED EVER	IN U.S. ARMED FORCES?	166. SOCIAL SECURITY		NFORMANT		ADDRE			
	and the same	No	(IF TES, GIVE WAR ON DATES)	219-05-642	20 Sh	aron L. Loi	unsbury	Po	rt Dep	osit,	Md.
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Lee A. Patterson & Son, Perryville, Maryland

BP DHMH - 16 50M 1/81 (VRA 15, 4)



17	h h	2 1 DE		FOR - STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	SIENE 8	7 REG.	NO. 3	5	9 0	0
J 1	7 7 1	-		PECLASED NAME	FIRST		MIDDLE		AST		2a DATE	OF DEATH	MONTH	DAY	YEAR	h HOUR
	ě	deoth deoth	1	Elsie		Mc	Vey	Rowe				11	29	87	٨	
	moy	od i	3	SEX		4 RACE	•	5. DATE OF BIRTH		6 AGE (	IN YEARS LAST	BIRTHDAY)	IF UNE		FUNDER 24 HRS	
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	4	22	110	BIRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8. MARRIE	□ NEVER	MARRIED -	9 BALTIA	AORE CITY	OR COUN	NTY OF D	EATH	
	1	P	1	Maryland		U.S.	Α.	WIDOWE	V	NORCED	На	rford				MC
	MA	1 1	10	CITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		ROTHER INS	NOITUTION		AL OCCUPA			L KIND OF	BUSINESS OR
0	0/0	N.	<b>H</b>	Havre de Grace		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 618 Green St.		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker								
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RYL	with	À.	14	FATHER'S NAME	777	MIDDLE	LAST			'S MAIDEN NA	ME	MIDDLE	77	DI F	LAST	
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ORE,	xecut	N. T.	16	WAS DECEASED EVER		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	DZ.B	ADD	RESS			
Ĭ.	ne deoth certificate be e	25		No			227-30-1	817	Jimmy	Dale B	Billir	igs	S.A	A.A.		
T. BAL		phy on poi emov	or other troumatic event	18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSI	nly one couse pe ED BY: .TE C AUSE (a)	lardia		trres	1	H.		Ŋ.		Minu	SET AND DEATH
PRESTON		he ottending emaye corbo mation, or r		Canditions, if any gave rise to impose (a), stati	mediate	) (b)_	R AS A GONSEQUE	110	Fai	· lure	41				6u	reell
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IL RECORDS	ne low r	ne pri	2	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AU	TOPSY?	20b IF	YES, WER RTIFYING YES []	CAUSES O	S USED F DEATH?
DIVISION OF VITAL	Physici	of tronsit to Hygie m 18 sho			CAUSE OF DE	AIR	M. MONTH DA		21c. HOW II	NJURY OCCURI	RED (ENTER	NATURE OF IN	JURY IN ITEM	18 PART 1 C	R PART 2)	1. 3.6)
SION	PHYSIC	this certifine buriolity of Mentol	7	(IF EITHER NOTIFY MED 21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC )	21f. LOCATI	ION		CITY OR	10wn	C	OUNTY	STATE
> 0	S to	os the		AT WORK NOT W	DRK L			.,,	1,57	0		- / /	-717		017	
	TTEND pital o	for use of Heal		saw the decease	ed alive or	11.	20 19	87.01	10	(our) opinian	deoth occu	rred on the	dote and	, 19 hour ond	,	at <u>(l</u> (we) last ouses stated
	TALOR A	eRAL DIREC e detoched State Dept NNT: If hem		27h SIGHAPURE	ett	Facelsh	M	/	DEGREE 1D. 122e ADDRE	ATTENDING PHYSICIAN	DIRECTO	AL ST DR PHYS	TAFF SICIAN [		12. DATE SI	GNED 8/
	O HOSP	hould be with the WPORTA		Howle	# 2	PACKS	m, H.I	)_	30	2 /	nior	200	E. H	dea	., m	d.

DHMH - 16 60M 7/84 (VRA 15, 4)

23b DATE 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 12/01/87 231 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

STATE Harford Mem. Gardens Aberdeen Harford M. 136. DATE REC D. BY REGISTRAR 1356 REGISTRAR'S SIGNATURE. Md

Burial
24 FUNERAL DIRECTOR

Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

injury, or other troumatte

MPORTANT: If hem 21 is marked or Item

BP

(VRA 15, 4)

75074 DEC

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTA
CERTIFICATE OF DEATH

	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	B 7 REG. NO.3	5 9	0	1		
E	Louise Rutherford	20 DATE OF DEATH MONTH	DAY	YEAR 87	26 HOUR 8 25 AM		
e	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE   IN YEARS LAST BIRTHDAY)	MONTHS	R I YEAR	IF UNDER 24 HRS		

-	FOR 5 137 STATE REGISTRAR	DEPARTM	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 7 REG. NO. 3 5 9 0 1						
	1. DECEASED NAME FIRST BE		se Ruther ford	ord 20 DATE OF DEATH	MONTH DAY YEAR	1001			
	Female Female	4. RACE White		6. AGE JIN YEARS LAST I	BRINDAY) IF UNDER LYE				
5	West Virginia	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED □ NEVER MARR WIDOWED ☑ DIVORCE	IED 🛄	9. BALTIMORE CITY OR COUNTY OF DEATH HAT-FORD MD.				
1	FALLSTON	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A FALLSTON GENERAL	ADDRESS)	ON 12a USUAL OCCUPA (TYPE OF WORK FOR MOS' Housewif	TOF WORKING LIFE) INDUST	D OF BUSINESS OR RY			
1	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN			ner Rd. Jogs	pa MD 21085			
7	14 FATHER'S NAME FIRST Thomas	Morrison	15. MOTHER'S MAI	DEN NAME		last			

	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W		17 INFORMANT Dr. Thomas	M.Rutherford,	Md. 36 Neptun	21085 e Drive,Joppa					
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED & IMMEDIATE (	17/1/1/17/01/1/0			1 /	APPROXIMATÉ INTERVAL I WEEN ONSET AND DEATH					
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF									
TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
CERTIFICAT	196 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	TION FOR WHICH OPERATION WAS PERFORMED 704. ALL YES			FINDINGS USED AUSES OF DEATH? NO					
-	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY O	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OR PA	RT ?)					
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR	TOWN COUN	NTY STATE					
	220.1 certify that ()(this hospital) saw the deceased live an abave (1) (we) (did) (did nat) v	12/10 1 10 87	17-	ppinian death accurred an the	dote and have and from	, that (I) (we) lost m the causes stated					
	22b. SIGNATURE		DEGREE		22t.	DATE SIGNED					

230 BURIAL, CREMATION, REMOVAL Burial Dec.13,1987

23c NAME OF CEMETERY OR CREMATORY Heavner Cemetery

22e ADDRESS

23d. LOCATION Buckhannon- Upshur

MEDICAL STAFF
DIRECTOR PHYSICIAN

ADDRESS

24 FUNERAL DIRECTOR

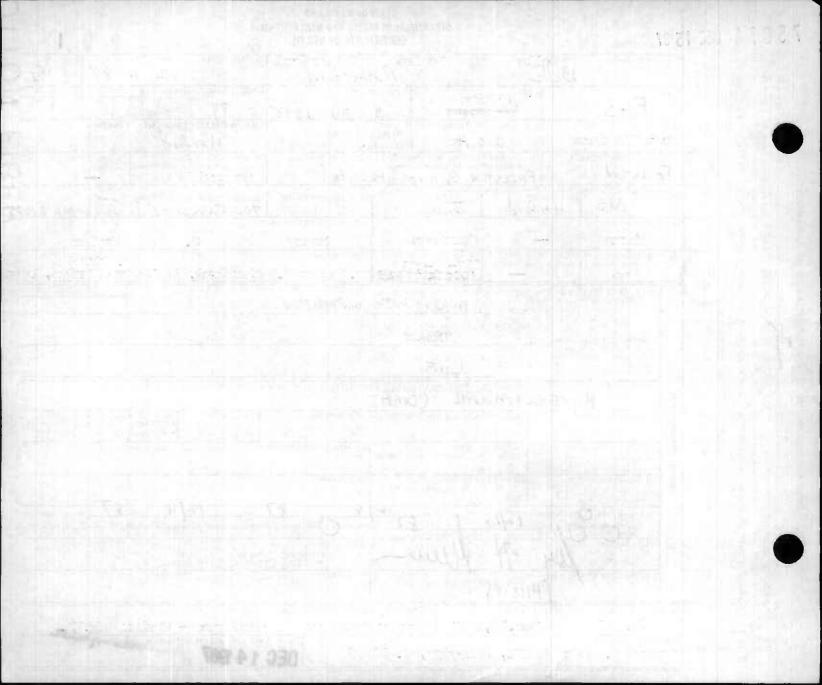
Howard K. McComas III, Abingdom, Md. 21009

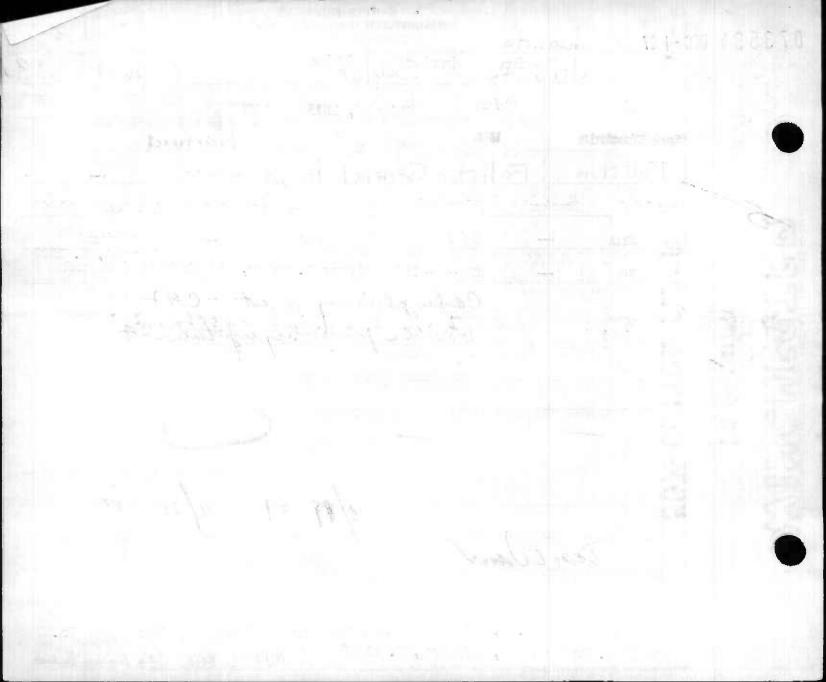
HILLIPS

ATTENDING

PHYSICIAN

DHMH - 16 60M 7/84





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7	REG. NO.	5	9	0	3

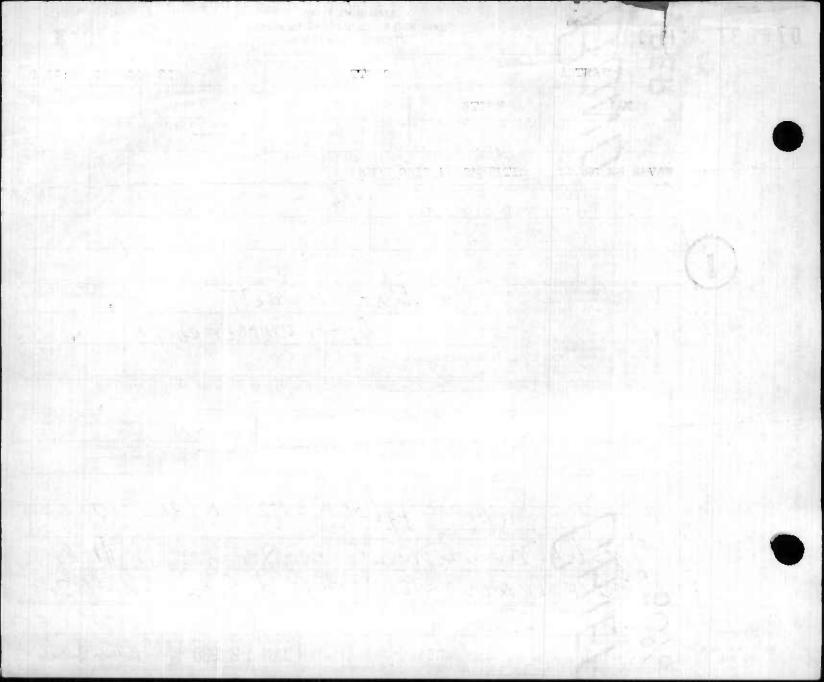
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ge 4 may ector, po	FENALE	4. RACE S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
01166	BIRTHPLACE ISTATE OR FOREIGN MD.	U.S.A. WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY HARFORD	OF DEATH MD.
10 11 11 10	HAVRE DE GRACE	CIT IZENS NURSING HOME C		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF MANAGER	176, KIND OF BUSINESS OR INDUSTRY
MORE, MARYLAND 21  - executed within 24 hour  - outs, employedly falled in  - outs, employed by	PHILLIP RO	RFORD DARLINGTON  MIDDLE LAST  DLAND KYLE	YES NO TO NOTE TO SENSO NAME OF THE SENSON NAME OF	MIDDLE	
56, 201 W PRESTON ST., By pures that the death certifical signed by the otherding physical please remove companies that please remove companies that, or other transmission events.	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT		DSCCERUSIS  INAL DISEASE OR CONDITION GIV	
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BP	230. BURIAL, CREMATION, REMOVA (SPECIFY) Removal	236. DATE 236. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
The state of the s	24 FUNERAL DIRECTOR		25a DAT	E REC'D. BY REGISTRAR 251 REGIST	RAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

State Anatomy Board

Balto., Md.

JAN 12 1988 Julia Davidon Robert



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

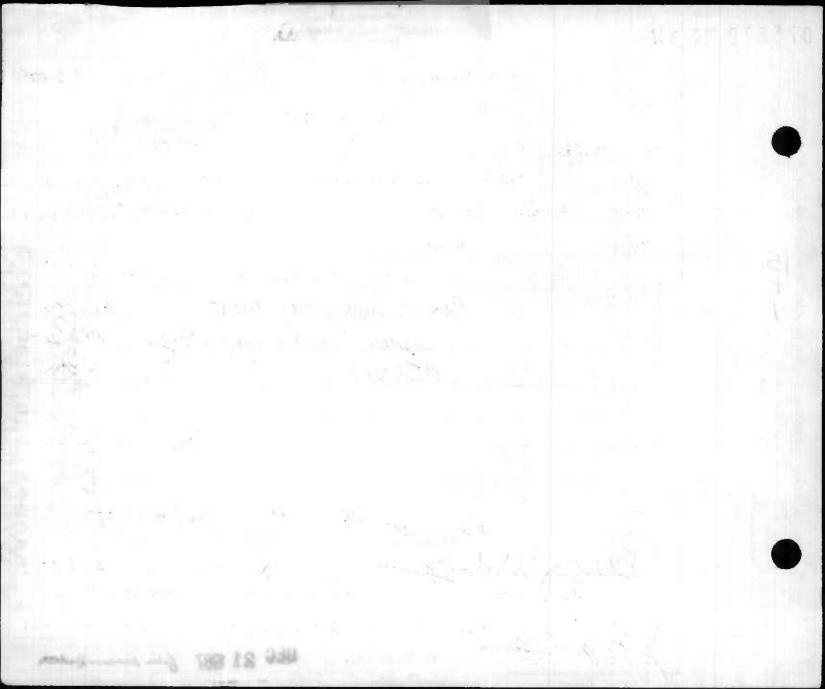
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E OF	DEATH	MEMORAL		DAY	VEAD	91 1

Julia Divideon Rouders

3 SE	Male  IRTHPLACE   I STATE OF		Whit				72		MONTHS	DAYS	HOURS M
	Pennsylvar	nia	USA	VHAT COUNTRY?	WIDOWE			Harford	Cou	nty	
	Belair		1123Å	Royston	Place	e, Belair, Md.		CUPATION OR MOST OF WORKI	NG LIFE) IN	DUSTRY	te of
130. S Ma	AL RESIDENCE (IF NUR STATE aryland	Harfor		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Belair		13d INSIDE CITY LIMITS? YES NO K		DRESS / ZIP C			elair,
	Edwin	MIDD		Scott		15 MOTHER'S MAIDEN NA FIRST  Sarah		MIDDLE	E	last Biddi:	son
1	WAS DECEASED EVEI (YES, NO OR UNKNOWN) Yes	IN U.S. ARMED		217-09-3		Edwin F. S	cott, Ji	ADDREA bi	ngton Gree	nock	Ct.,
	18 CAUSE OF DEA PART 1. DEATH V	TH (Enter only or WAS CAUSED BY DAMEDIATE C	The second	line to (10), (b), one	ID PI	Dunna (	Quest			APPROXIM BETWEEN O	MATE INTERVAL
	couse (a), state underlying cous		DUE TO, OR	AS A CONSEQUE	100	2	V	0		V	246
HCATION	underlying cous	NIFICANT CON	Id IDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	AINAL DISEASE	SY? 20b. I	F YES, WER	E FINDIN	GS USED OF DEATH?
CAL CERTIFICATION	PART 2 OTHER SIG	E lost.  INIFICANT CON  ATION  CAUSE OF DEATH	IPE CONDI	DITRIBUTING TO DETERMINE TO DESCRIPTION FOR WHICH	DEATH BUT		200 AUTOP	20b. IN C	F YES, WER ERTIFYING YES [	E FINDIN CAUSES (	GS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIG	INIFICANT CON	196 CONDITIONS CO	DITRIBUTING TO DETERMINE TO DESCRIPTION FOR WHICH	OPERATION  AY YEAR	N WAS PERFORMED	200 AUTOP YES   I	20b. IN C	F YES, WER ERTIFYING YES []	E FINDIN CAUSES (	GS USED OF DEATH?
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DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.73		0.19
1	DEC.	NO

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

MD.

54/ DEC-	2'8	REGISTRAR				CERTIF	ICATE OF DEATH	B / REG. NO.	2	7 0	3
. 64	1. DEC	CEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	ONTH DAY	YEAR	2h HOUR
tor, poge 3		H	RRIG	tte	6	2	Laughter	Nev	, 37	1987	6:40
0.0	3. SE)			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY) IF UN	HS DAYS	IF UNDER 24 H
safe	1	FEMALE		WHI	TE	APRIL	4. 1923	64	YRS.	13 DATS	HOURS M
0 0	7a. BII	THPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	1		9. BALTIMORE CITY OR		DEATH	
727		OUNTRY)		1.11	20		D NEVER MARRIED	4.1			
the state of		/IRGINIA	ATLI		SA HOSBITAL NURSIN	WIDOWE	DIVORCED DIVORCED	120 USUAL OCCUPATION	ORD	2h KINID O	F BUSINESS
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( ) a a	USUA 13a. S	L RESIDENCE (IF NUR!	13b COUN	COTHER INSTITUTION	130 CITY OR TOW		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
E S E	4	MD	HARFO		HAVRE de (		YES NO	119 WEBER STE	REET	210	78
(李宏 ) ·	14. FA	THER'S NAME	1000				15. MOTHER'S MAIDEN NA	ME			
D W		FIRST		MIDDLE	LAST		FIRST	MIDDLE		TODA	f
0.00	14- 10	PERCY AS DECEASED EVER	BLILE AD	L.	SLAUGHT		GRACE 17. INFORMANT	E. ADDRESS	5	JORY	
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or resident			IMMEDIA								
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beer prior	CA	190 DATE OF OPERA	TION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		206 IF YES, WE IN CERTIFYING		
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aing de burne Mering ar Ite	MEDICAL	21d. INJURY OCCUR	_		OF INJURY	17	211 LOCATION				
he thing	WE	-11111111111111111111111111111111111111	HILE [		REET FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OF TOW	ч	COUNTY	STATE
ork ork		AT WORK AT WO	PRK -				1		0.0	200	
R: A		220.1 certify that (1)		11		F2 Pm		, 10	22_ 19_		that (I) (we)
prio for 21		spw the deceas	ed olive on	ot) view the body		8 Z. or	nd that in (my) (our) opinion	death accurred on the date	e and hour one	d from the	couses stated
REC Ped		MATURE	-		1 -1		DEGREE			22c DAJE	SIGNED
T tool		Hanle	2.	more	La Mar	21	ATTENDING PHYSICIAN	MEDICAL STAFF		11/7	Stt-
State de		22 PHYSICIAN'S N	AME ITYPE	OR PRINT)	000	// -	122e ADDRESS	A DIMECTOR LI PHISICIA	W-	1	4/4/
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e = 2 2 2 3 3	22a D	LIDIAL CREAMATION	DEAAOVAL	22h DATE	23, 1	JAME OF C	EMETERY OR CREMATORY	1234 LOCATION			

23d. LOCATION

BP.

FOR

DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE 27NOVEMBER87

CREMATION

(SPECIFY)

24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY R. A. FERRIS + COMPANY

CITY OF TOWN WEST CHESTER,

STATE PA.

19 37 , that (I) (we) lost hour and from the causes stated 224 DAYE SIGNED

MITCHELL-SMITH FUNERAL HOME PA, HAVRE de GRACE, MD 21078

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

10 C- 550 T 4 R E T 0

Harmania B. War in the Street

Hackere

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A CONTRACTOR OF THE PARTY

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR CEASED NAME 20. DATE KNOWN TYPE OR PRINTI OF ESTI-FISA MUETLER R FILES. HOURS STREET, Sma11 DEATH MATED 4 RACE 3. SEX & AGE (IN YEARS | IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY DAY PRONOUNCED 20 DEAD TO BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Md. USA Harford DIVORCED [ ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5066 Norrisville Rd. Self-employed White Hall Farming USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 21161 Harford YES [ White Hal 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Muel ler Louis S. Rosa Unknown 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO T. Carroll Brown, Esq. (YES, NO, OR UNKNOWN) 215.01.3546 NO 200 S. Main St., Bel Air, Md. 21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H. EXECUT THE CERTIFICATE, WRITHING THE WORD. "PRENDIAG" IN ITEM IPPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMAPER DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMAPER DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMAPER DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMAPER DIRECTOR - PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMAPER DIRECTOR - PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMAPER DIRECTOR - PAGE 3 SHOULD BURIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE COUNTY WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an death resulted fram: Notural couses Homicide Undetermined monner ST. - Harno de EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 11/28/1987 Baltimore Green Mount Crematory Maryland Cremation 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Walter Brooks Bradley Inc., Balto., Md.

(VR A15 ME (5))

21222

173868 000-337 13-12-11 Conversed Street Means CITE DE SI 45-14 Some Francisco THE PART EL AND I SEVEN WITHOUT STORMS THE SOUTH OF THE S

FOR

REGISTRAR DECEASED NAM

Maryland

Maryland

FATHER'S NAME

1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 20. DATE OF DEATH Kenneth AGE (IN YEARS LAST BIRTHDAY) 70. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Smith Motor Co. Perry Hall. Baltimore 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 8713 Cowenton Ave. Md. 21128 Cowenton 15. MOTHER'S MAIDEN NAME Gilbert Catherine Kenneth Smith Ortel Rose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) 218-24-2347 Geraldine J. Smith 8713 Cowenton Ave. 21128 1946-1948 III CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Conditions, if ony, which gave rise to immediate

Congesta	C HEART TOU	NOT RELATED TO THE TEL	rminal disease or con	DITION GIVEN IN PART 110	
IN DATE OF CHRAINN	THE CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)		
21d IN JURY OCCURRED	71e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	own county s	

230. BURIAL, CAMATION, REMOVAL 73h DATE

23c NAME OF CEMETERY OR CREMATORY Michael's LuthCh.

22e ADDRESS

DEGREE

Baltimore, Maryland Maryland

1-4-1988

ATTENDING

PHYSICIAN

MEDICAL

DIRECTOR

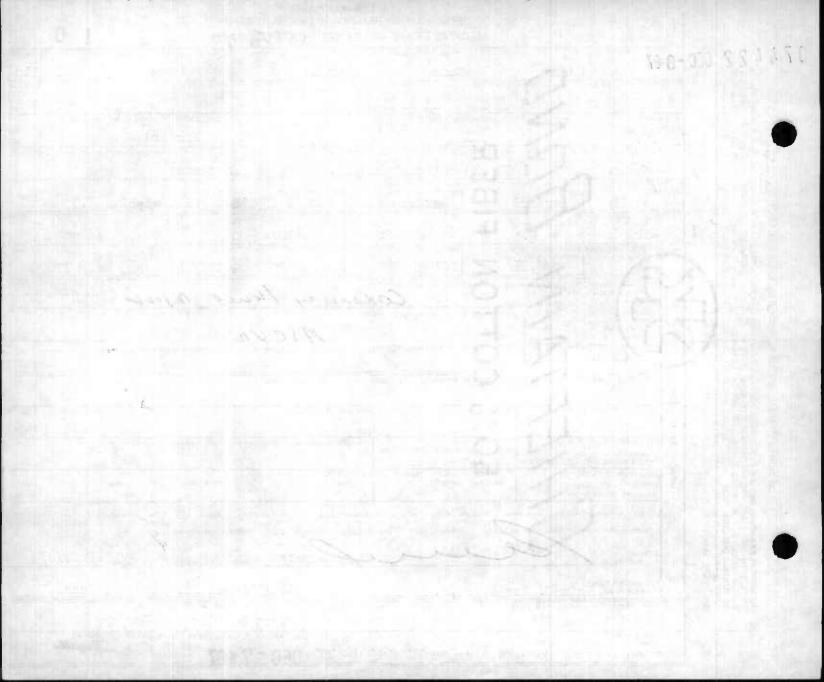
DHMH - 16 60M 7/84 (VRA 15, 4)

88 9- NAU . Trees to Collect water - 9420 Land of Land of Mr. or member Me 1915 Table Transfer (Vanish Vanish) and configuration of the state of the confidence of アン・カー・カー とうしゅうしゅう はんだい かんしんしょ Allerente Valender Steer Diene F Steel 1930. touches Creamit steered. Person KARES The state of the s

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME **First** Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Bessie Month ZG Day 8 8:30 AM 4. RACE IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years lost birthdov) HOURS MONTHS 01 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED WIDOWED J2a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, eyen if retired.) INDUSTRY gewood Rd PRESTON STREET, BALTIMORE, MARYLAND 2120 13e. STREET AND NUMBER a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Glenaim YES Middle 4 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last DEONA 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address 405 Edgewood (Yes, na, ar unknown) 21840-4540 SOM 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mo S IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 301 W. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19a. DATE OF OPERATION permi CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natity medical examiner) AT HOME, FARM, STREET, FACTORY. 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while 22a. I certify that (1) (this hospital) attended the deceased from 19 87, and that in (my) (our) opinion death occurred an the date and hour and from the saw the deceased alive on sauses stated abave, (11) (we) (did) (did nat) view the bady after death. Mental 22c. DATE SIGNED DIRECTOR DEGREE DIRECTOR PHYSICIAN'S 22e. ADDRESS should be of Health of NAME (Type) 23d. LOCATION (City or Town) 73b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL CREMATION. (Stote) 11-30-87 REMOVAL (Specify) Parkwood Cemetery Baltimore, Maryland 0 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DHMH - 16 3/72 25M (VR A15 (4))

STATE OF MARYLAND



0	JAN		FOR STATE REGISTRAR			DEPARTN	MENT OF H	FOF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	S 7 REG. NO	3 5 9	1 1
# 0	19		CEASED NAME OR PRINT)	Jam	_	nomas	5tif	ler sr.	20 DATE OF DEATH	12/23	87 9.20 A
1	2	2.5E	Male		4. RACE	casian	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER MONTHS  YRS	TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
172 hou	5	- 1	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF V	• A •	MARRIE!	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH  AT FOR A CO. MD		
\$	0	19.5	a ISTUN	тн		HOSPITAL, NURSING HOME OR OTHER INSTITUTION  WHACKITY, GIVE STREET ADDRESS)  STON BENERA			126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)  Carpentar  Construct  Construct		
ould be	33	13a .	al residence (if nursi	136 COUN		GIVE RESIDENCE BEFORE  136 CITY OR TOWN  Fallst	N	YES NO 🗖		zip code n Road	21047
1	2	5	Thomas	E	dward	Stifle	er	Clara	Irene		ess.
Popm	/ medical		vas deceased ever i yes no or unknown) <b>No</b>		RMED FORCES?	216-28		James T.	Stifler J	r. Py	lesville.Md
n paper	resec, the		18. CAUSE OF DEATH PART I. DEATH WA	AS CAUSE	nly ane cause per ED BY TE CAUSE (a)	line of al, (b), and	ORK	pirabey 1	ARREST	BS	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
se remove carbo cremation or re	other traumatic		Conditions, if ony, gove rise to imm couse (a), stoting underlying cause	which nediote g the	DUE TO, OF	R AS A PONSE OVE R AS A PONSE QUE	ogen	ic Shoe Mucandia	K I Infa	rection	NS (B)
Then ple	mjury, as	ATION	PART 2 OTHER SIGN	1-	conditions co	HYPERI,	1 1	NOT RELATED TO THE TERM		DITION GIVEN IN P	ART Iro
t permit.	Z	CERTIFICAT	190 DATE OF OPERAT	ION	196 CÓNDI	FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH? NO
Hyp		8	210. ACCIDENT WAS UND	ERLYING [	216 TIME O		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART TOR	PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY

(AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22s.1 certify that (1) (this haspital) attended the deceased fram

saw the deceased alive an abave (fi [wa] (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated

DEGREE 220 DATE SIGNED ausmo ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

24 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 12/27/87 Burial

Fallston Goodwill Cemetery

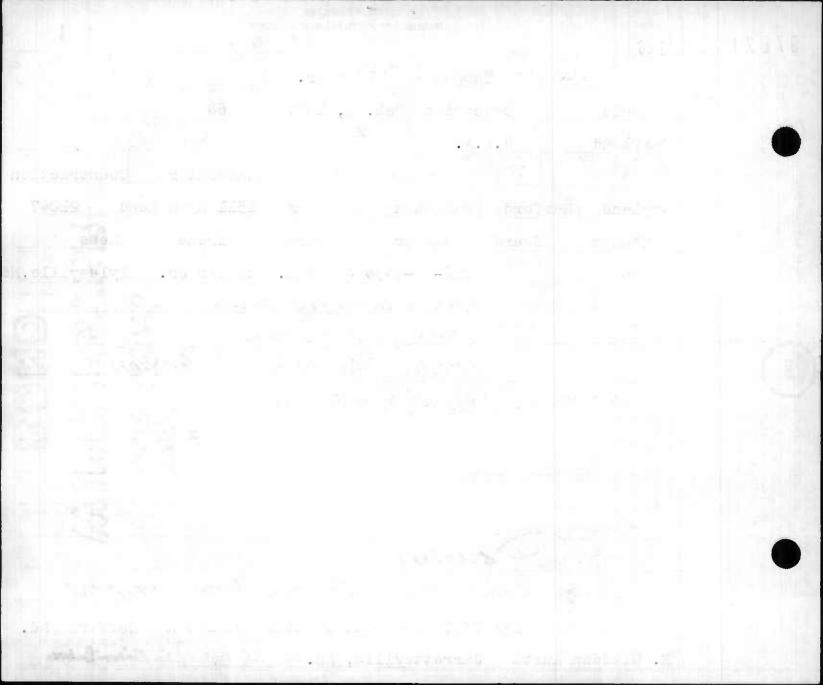
24 FUNERAL DIRECTOR Gladden Kurtz

Jarrettsville, Md. DEC 30

CITY OR TOWN

DHMH - 16 60M 7/84

(VRA 15, 4)



nding physician and completely filled in by the funeral director, page 3 carbon papers. Pages 1 and 2 should be filed within 72 hours after deaphy

re corbon papers. Pages

54 you 4

certificate be executed within 24 hours after death. Page

3 9

## STATE OF MARYLAND

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-	4	4	63
	5	5 9	5 9 1

	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	IENE 8 7 REG. NO	3 5 9	1 2
	DECEASED NAME FRST	THE WAK		UNAH	November	MONTH DAY YEAR	12.45 M
3	SEX FEMALE	1. RACE	S. DATE O		6 AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER 1 YEAR MONTHS DAYS	
39	SUPPLIACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED		Harford		MD.
1	BE HIT	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	TREET ADDRESS)	ROTHER INSTITUTION	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTR	OF BUSINESS OR
1;	SUAL RESIDENCE (IF NURSING HOME OF 30. STATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE INTY  13c. CITY OR  Ford Co.  BEL A	IOWN	138. INSIDE CITY LIMITS? YES M. NO [	130. STREET ADDRESS 629 South	Atwood Re	10/4
1	FATHER'S NAME  FIRST  FIRST	MIDDLE Brad	Gord	15. MOTHER'S MAIDEN NAM	WIDDLE	Coll	
16	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-9895 A	17 INFORMAN(SON) 670 Mr. Arthur R. Su	, 540		4 21040
	PART 1. DE ATH WAS CAUSE	DUE TO, OR AS A CONSI	EQUENCE OF	pund de Amoni			AMAZE INTERVALY
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  19a DATE OF OPERATION  19b. CONDITION FOR WHICH		IG TO DEATH BUT NOT RELATED TO THE TERM WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR			
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OP	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
	22a.1 certify that (I) (this hasp saw the deceased alive or above, (I)		E. Am	d that in (my) (aur) apinian (	death accurred on the de		
	22d. SIGNATURY	ard P. amo	מה	ATTENDING PHYSICIAN 224 ADDRESS	MEDICAL STA	FF .	TE SIGNED
	Willard P. Ar	moss, Mad,		2303 BH Kin		ron, Manylay 2	.1047
L	30. BURIAL, CREMATION, REMOVAL (SPECIFY)	Nov. 24, 487	BEL Air M	Entral Gardes	23d LOCATION CITY OR TOWN BEL Au HA	ford 6, Marylan	21014
2	JOSEPH WILLIAM FOSTE	BELAIR, MAR	5	MUM	2 5 1987	25b. REGISTRAR'S SIGNA	A

BP. DHMH - 16 25M (VR A 15 (4) ) 9/74

MPORTANT: If them 21 is marked or them 8 shows any injury, ar ather traumatic event, the medical a

TO FUNERAL DIRECTOR: After this certificate has been upped by the attending physici should be detached for use as the burial-transit permit. Then phone remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

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Late Account to	100 pm 0		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I MITHILL	r HEA	LIN AL	AN WEL	HALH
ERT	IFIC	ATE C	F DEA	TH

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- 5	-	14	3	1
REG. NO.	~	0.	- 34	

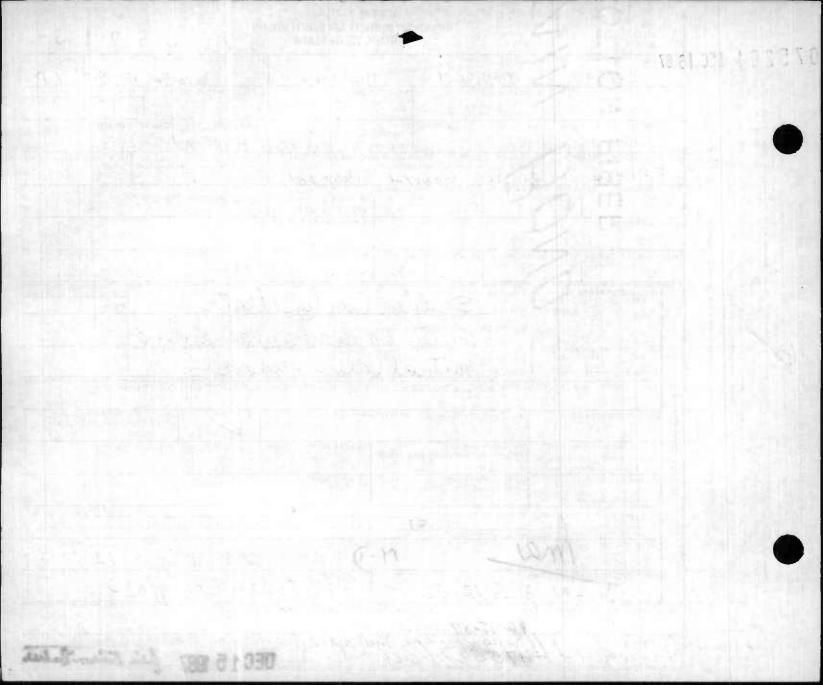
1	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	0 7	3 5 9	1 3	
1 152	FEASED NAME FIRST		MIDDLE		AST	2a. DATE OF DEATH		EAR 26 HOUR	
Pirk	E OR PRINT)	MAR	GARET		The as 0=		1-012		
3 SE	CARLA	14 RACE	JAK EI	5. DATE C	Thompson	6 AGE (IN YEARS LAST BIR	24	1987 9 PM	
3 30	Female		ite	MONTH	DAY YEAR	49		DATE HOURS MIN.	
70 B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	May		9 BALTIMORE CITY O	YRS P COLINTY OF DEA	TH	
74. 0	Baltimore	U.S.A			D NEVER MARRIED	II a a C - a	1 C 14	. /	
10.0	DAT CTINUTE			WIDOWE	DIVORCED DIVORCED	120 USUAL OCCUPATION	ON LIST K	MD.	
1000	FALLEL		H FACILITY, GIVE STREET		A OTTER INSTITUTION	TYPE OF WORK FOR MOST O		ISTRY	
	PAIDTON	FAIISTO		RAL	Hospital	Secretary	. Da.	lto. Orioles	
13a.	STATE 136. COL Haryland Har	ford	Fallston	N N	13d INSIDE CITY LIMITS?	514 MILLWO	zip CODE od Dr. 2	1047	
14. F	ATHER'S NAME	WIDDLE	LAST	- 1	15 MOTHER'S MAIDEN NA	ME		1461	
	Henry	MIDDLE	Rapp		Carollyn	MIDDLE	Gla	ser	
	WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	ss 514 Mil.	Iwood Dr.	
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	213-38-9	839	Mr. Lowell E	. Thompson,	Fallsto	n, Md.21047	
	18 CAUSE OF DEATH (Enter of	only one cause per	line for (a), (b), and	d of a	0 1	1 1	AF1	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUS	ED BY	Sudi	Xen	( Bround	death			
	IMMEDIATE CAUSE (O)								
	Conditions, if any, which	DUE TO, O	RASACONSECTO	ALCE OF	and intina	· Van Hae	lino		
	gave rise to immediate couse (a), stating the	) 16)_	· · · · · · · · · · · · · · · · · · ·		0				
	underlying cause last.	DUE TO, O	R AS A CONSTOUE	al (	ialle pro	clobse.			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PA	ART lia	
Z									
CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY2	206 IF YES, WERE F		
E						YES NOT	IN CERTIFYING CA	NO [	
1 1	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PA	ART 2)	
	OR CONTRIBUTING CAUSE OF D	FAIR	M. MONTH DA	AY YEAR					
MEDICAL	21d INJURY OCCURRED	21e. PLACE	,	19	211 LOCATION				
AR	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	wn cour	NTY STATE	
	220-I certify that (1) (this host	ntall attended th	an deceased from		. 19.3	to		, that (I) (we) lost	
	saw the deceased all to	n	195	7	nd that in (my) (our) apinian	deoth occurred on the de			
	obove, (I) (we) (did) which a	of new the body	ofter deoth.		DEGREE		226	DATE SIGNED	
	///	W _		M	ATTENDING	MEDICAL STAI	FF _ /	12-13 £7	
1	22d PHYSICIAN'S NAME TYPE	OR PRINT)			PHYSICIAN [	DIRECTOR PHYSIC	IAN [ /	210-01	
	7		JRIEL		FALLETO	NIGHEN	HASZ	)	
-	70410				1/11/2/0	In the same	1607		
23a	BURIAL, CREMATION, REMOVA	235. DATE	m 0		CEMETERY OR CREMATORY	23d. EOCATION CITY OR TOWN	COUNTY	STATE	
-25		12-1	1-870 BE	lair	Memorial Gar.	Bel Air	Harford	Md.	
27.	UNEBSID RECTOR	1/12	The state of the s	7171	Se. DA	TE REC'D. BY REGISTRAR	THE KEGISTKAKS ST	GNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendities should be detoched for use as the burial-transit permit. Then please remove care with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, as WAPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requesteined by the hospital or attending physicion.

BP



		500		STATE OF MARYLAND	*****	
		FOR STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	8 7 REG. NO.	9 1 4
7441	G DEC -8	1. RECEASED NAME FIRST	Lottie Wirgin	ia Thompson	20. DATE OF DEATH MONTH  Dec.	DAY YEAR 26 HOUR 4 1987 5:10 M
Гош	b d	3 SEX	4. RACE	5. DATE OF BIR H	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	9 6/	Female	Black	Dec. 29, 1915	71 YRS	
O the	235	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Har for 2	ITY OF DEATH  MD.
10	166	HAVRE LE GRACI	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET)  HAR FOVE ME		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING OWNER—Operator	126 KIND OF BUSINESS OR INDUSTRY Restaurant
AND 212	filled in	13e STATE 113b CO	or other institution, one residence before unity 13c. CITY OR TOW Street		3235 Conowingo	21154 Road, Street, Md.
MARYL,		14 FATHER'S NAME FIRST  Charles  ]	MDDLE LAST	15. MOTHER'S MAIDEN NA FIRST Olivia	Priscilla	Webster
BALTIMORE, MARYLAND 2120	s. Pages e medical	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 220-05-12		ADDRESS	21154 a Road, Street, Md
PRESTON ST.,	d by the ottending physicilease remove corbonpopeliol, cremarolion, or removolor or anther traumatic event, the	PART I. DEATH WAS CAU	only one couse per investor (a), (b), and SED BY:  DUE TO, OR AS A CONSCOUR	estive hear	of failer	e Brogges Order and Order
DIVISION OF VITAL RECORDS, 201 W. NG PHYSICIAN: The low requires that to	been signed rmit Then ple prior to burio any injury, or	PART 2. OTHER SIGNIFICAN  19a, DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART 110 YES, WERE FINDINGS USED
AL REC	hos hos	TIFIC			YES NO	YES NO NO
N OF VIT.	s certificate his burial-transit p Mental Hygier or Item 18 show	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHEY MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH DA	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2}
DIVISIO	After this e as the bu oith and M marked or	AT WORK LI	(AT HOME, STREET, FACTORY, OFFICE, F.		1 12/4	COUNTY STATE
ATTENE	ECTOR: ed for use of of Hec	278. Exertify that (I) (this has saw the deceased alive obove, (I'(we) plid) (did 27h SIGNALURE	on 19 not) view the body after death.	ond that in (my) (our) opinion	death occurred on the date and I	nour and from the causes stated
ITAL OR	IERAL DIR Se detache State Dep ANT: If the	tour	24m	ATTENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/4/19
OSP	UNER.	234 PAYSICIANES NAME CO	DVIII	The ADDIVESS	100000	7111/

STATE

Md

Cedar U. M. Cemetery Darlington Harford

230 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP\_

Burial Cremation Removal (SPECIFY)

Burial

24 FUNERAL DIRECTOR

Dec.8,1987

Howard K. McComas III, Abingdon, Md. 21009

Compaction dans planted

7539

within 24 hours ofter death.

executed

TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be retained by the hospital or ottending physician.

	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	RIENE 8 7 REG. NO. 3	5 9 1 5
24 1 1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR A
DEC !	3 8		T IRENE	THOMPSON	12.10	1987 10:15 M
5 010 1	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		FEMALE	WHITE	SEPT. 19, 1901	86 yrs	MONTHS DATS HOURS MIN.
-0		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
1		PA.	U.S.A.	WIDOWED DIVORCED	HARFORD	MD.
90		AVRE DE GRACE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, CITIZENS NURSIN	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (I	126. KIND OF BUSINESS OR INDUSTRY COUNTY COURT
35		STATE 136 COUR			130 STREET, ADDRESS / ZIP COD	99999
1307	14. F/	CARROLL	S. GREENLE	AF LATLA	WEDDLE	HÖĞG
medicol		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 217-22-		ADDRESS BUNTING 127 RI	VERSIDE N.E.N
pleose remove ourial, cremation y, or other traum		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS OCONSEQUE  DUE TO, OR AS CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	V	inal disease or condition giv	VEN IN PART I O
permit. Ther ene prior to b	CERTIFICATION	19g DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \text{NO} \( \text{NO} \)
entol Hygr	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	NY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
os the bu th ond M orked	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	ARM ETC.) 211 LOCATION STREET	CITYORTOWN	COUNTY STATE
toched for use e Dept. of Meol If Hem 21 is m		270.1 certify that (1) (this hosping saw the deceased alive an above, (1) (we) (did) (did not 11).	tol) ottended the deceosed from	DEGREE DATTENDING	deoth occurred on the dote and hou	or and from the couses stated  27c DATS SIGNED
should be deto with the State IMPORTANT: I	1	HYSICIAN'S NAME (TYPE OF	2 yun	PHYSICIAN E	e guy	mes
	23a l	BURIAL, CREMATION, REMOVAL	1 - 1 - 1 - 10 -	JAME OF CEMETERY OR CREMATORY USE PRESBYTERT A	KIRKWOOD L	ANC. PA.

BYTEPIAM ALTIN VOOD

150 PATEREC D. BY REGISTRAR 256 JEGISTRARS SIGNATURE

M. J. Standar Poular

M. J. Standard Poular

M. J

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FLINERAL DIRECTOR

etant scriptist		The Late	752201
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		10 ab>	
		A STATE OF	

that the death certificate be executed within 24 hours after death. P

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TO FUNERAL DIRECTOR: After this certification that the otherwinding physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transformed from the property. Page 15 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypereness to burion, or removal.

IMPORTANT: If hem 21 is marked or them, 8 from any miner, another traumatic event, the medical oxiging regions.

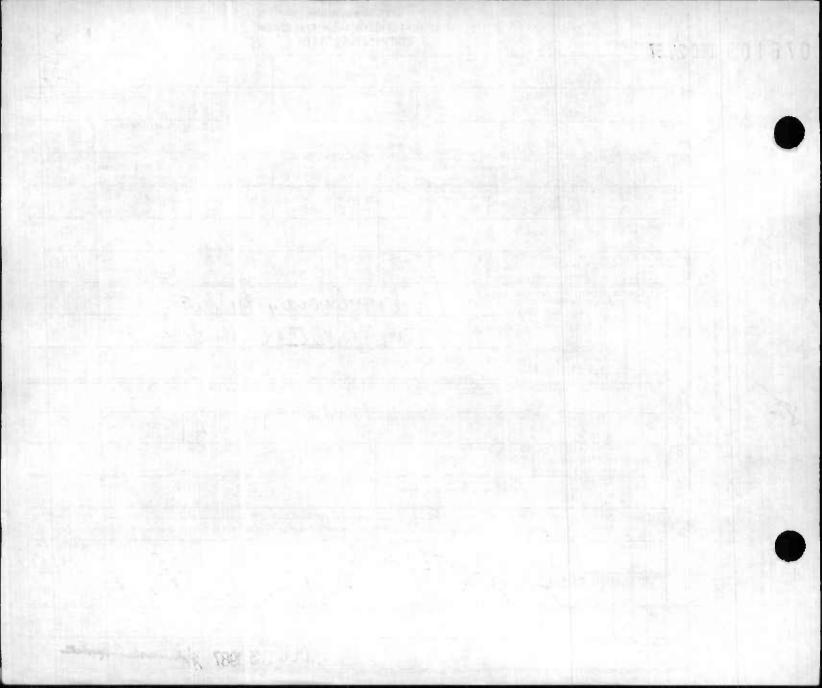
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI
CERTIFICATE OF DEATH

OTALL OF MINISTERNIE						
RTMENT OF HEALTH AND MENTAL HYGI	IENE			AUG	pan	
CERTIFICATE OF DEATH	8	1	PEG NO	()	3	

L	T- STATE			EALTH AND MENTAL HYG	SIENE	3 5	9 1	6
	1 BEGISTRAR	MIDDLE		AST	REG. NO			
	DECEASED NAME FIRST (TYPE OR PRINT)  HERMA			GNER	December	21, 198		26 HOUR AM
3 SEX 4 RACE		4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS
	Male White		Marc		67	YRS	THS DAYS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	Virginia	United Sta			Harford C	ounty,		MD.
10	CITY OR TOWN OF DEATH		AL, NURSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE	ON	12b. KIND OF	BUSINESSOR
	Havre de Grace	Harford	Memorial H	Mospital	Shift Supe			<u>-electri</u> c
1	Maryland Harf	NTY 13c. CI	TY OR TOWN	13d INSIDE CITY LIMITS?	3532 Berkl		/2103	4
14	4 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE		LAST	
1	Monroe		Wagner	Cynthia			Caud	i11
16	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS Dar1	ingtor	n. MD
	No		0-01-5791	Nora L. Wagn	er 3532 Ber	kley Ro	ad	
	18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c)   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)						BETWEEN OF	NATE INTERVAL NSET AND DEATH
	Conditions, if any, which gave rise to immediate cause to, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	CONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	NULL DITION GIVEN	IN PART Ita	
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WIN CERTIFYING	G CAUSES	GS USED OF DEATH?
		ATH HOUR A.M. M	RY ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1	OR PART 71	
	ON CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTION CONTR	21e PLACE OF INJI (AT HOME STREET, FACT	URY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR FO	wN	COUNTY	STATE
l	22a.1 certify that (1) (this hosp sow the deceased alive ar		190	nd that in (my) (aur) apinion	death occurred on the do			hat (I) (we) last ouses stated
	77E SIGNATURE	1 Roh	wtLSm	ATTENDING PHYSICIAN [	MEDICAL STAF		12 DATES	1 S   8 -
	224 PHYSICIAN'S NAME THE	(W)		27e ADDRESS	on Fen-1	tospi	tel	
23	30 BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1	DUNTY	STATE
	Burial	12/24/87	Bel Air	Mem. Gardens			ford	MD
	4 FUNERAL DIRECTOR		100004	25a. DA1	E REC'D. BY REGISTRAR			
]	Harkins Funeral H	Home, Inc.	600 Main St	Delta, HALL	23 1987 8	steen when the	-	1

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospital or attending physician



711			1	STATE OF MARYLAND								
			1 - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH			8 7 REG. NO. 5 9 1 7				
14	4 1	DEC -	I DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
	9	eoth eoth	(TITE OR PRINT)	RONALD	JAY	WALTZ		December 4, 19	87	8:07 PM		
	OE O	pod	3. SEX	4. RACE		DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR			
	9 4	rs oft	Male	Whit	te I	Nov. 4,	1930 YEAR	57 YE	MONTHS DAYS	HOURS MIN.		
	Р.	Pop de	70. BIRTHPLACE (STATE O	R FOREIGN 76. CITIZEN C	76. CITIZEN OF WHAT COUNTRY? 8		EVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
RDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	\$ 1	2 Z Z Z Z	West Virgin	ia	77/73	WIDOWED [	DIVORCED [	Harford Co	ounty	MD.		
	1	the second	IN CITY OR TOWN OF D	EATH 11. NAME O	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Fallston General Ho		OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND (	OF BUSINESS OR		
	57	The Dec	Fallston	Falls			al	Vice-Pres.	Servi	Service-Insta Bev Equipment		
	24 hay	The state of the s	USUAL RESIDENCE IF NU 130. STATE Marvland	IRSING HOME OF OTHER INSTITUTE IB COUNTY Harford	13c. CITY OR TOWN  JOPPA		SIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C 420 Trimble Ro	ODE			
	4	1274	14 FATHER'S NAME				15. MOTHER'S MAIDEN NAME					
	2	WOX	Charle	s L.	Waltz		Madge	Elva	Miller	.51		
	record	P # 10	160 WAS DECEASED EVE	R IN U.S. ARMED FORCES		TY NO. 17 INF	ORMANT	ADDRESS	oppa, Md.	21085		
	10		Yes	Korean	236-44-75	59 Berr	nadine E.M	Martin Waltz, 4	20 Trimb.	Le Road		
	The same		18 CAUSE OF DEA PART I. DEATH	ATH (Enter only one couse p WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (		reliet	molare		XIMATE INTERVAL LONSET AND DEATH		
	v that the death cert	ed by the attending please remove come rial, cremation, or or other traumostics	Conditions, if on gove rise to it couse (o), stot underlying cou	DUE TO, ty, which mmediate ting the se lost.  DUE TO, (c)	OR AS A CONSEQUEN	CE OF						
	alioba	Then you	PART 2 OTHER SK	SNIFICANT CONDITIONS	CONTRIBUTING TO DE	<u>ath</u> but not re	LATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1	0		

198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER)

YES F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION CITY OR TOWN COUNTY

22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (we) (did) (did not) view the

and that in (my) (out) opinion death occurred on the date and hour and from the causes stated

27h SIGNATURE

22c. DATE SIGNED ATTENDING & MEDICAL STAFF
DIRECTOR PHYSICIAN 12-5-87 PHYSICIAN 22e ADDRESS

Emory J. Linder, M.D.

902 Averill Road, Joppatowne, Md. 21085

230. BURIAL, CREMATION, REMOVAL [SPECIFY] Dec.8,1987 Burial
24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION
CITY OR TOWN
S Bel Air

Harford Md.

DHMH - 16 60M 7/84

TO FUNEILAL DIS should be detect with the State De

(VRA 15, 4)

BP.

MPORTANT

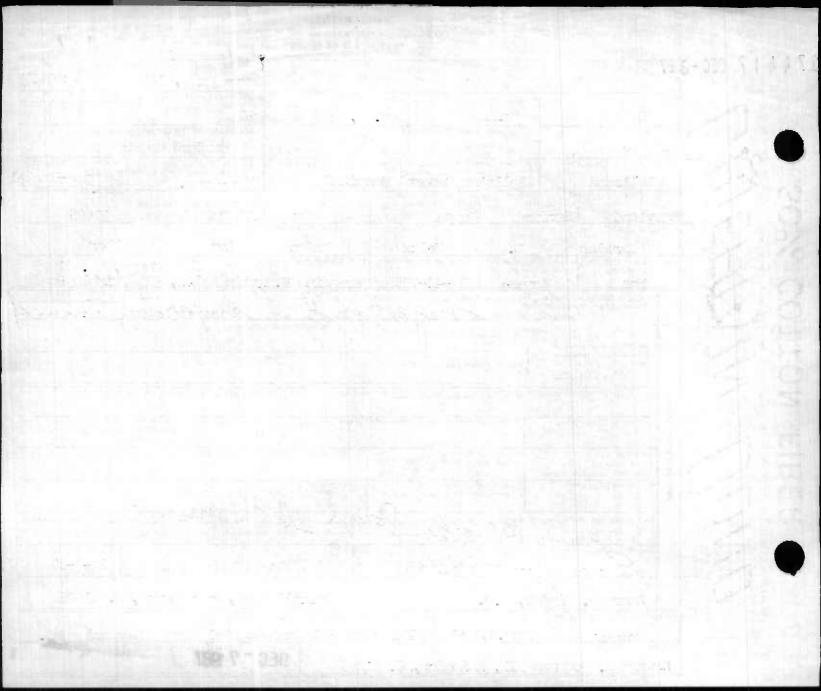
BelAir Memorial Gardens Bel Air Harf

DRESS MA 21009

DRESS BEL Air Harf

OEC 7 1987 Howard K. McComas III, Abingdon, Md. 21009

STATE



Tom Helfenbein Funeral Home, Rock Hall, MD 2166

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

RARISH REGISTRAL STIGNAT

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3 2 5 NOV 3	O FOT STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	13 7 3	5 9 1 9			
1. 0	DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR			
(1 0 0 0 0 0 0 0 0 0 0 0	YPE OR PRINT) Willia	m Norman	Westerlund	November 17.	1987 5:30 P			
offer de	SEX WALLE	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.			
	Male	Caucasian	April 13, 1893	0.0	MONTHS BAYS HOURS MIN.			
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		94 YRS				
ğ .	New York	U.S.A.	MARRIED NEVER MARRIED	11				
9 10.	CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR			
1	arrettsville	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY			
The second	UAL RESIDENCE (IF NURSING HOME OR	Madonna He		Owner .	Steamship			
130	STATE 136 COUN	TY 13c CITY OR TOW	'N 136. INSIDE CITY LIMITS?	136.STREET ADDRESS / ZIP COL				
	laryland Harf	ord White I		4612 Harford	Creamery Rd			
2/5	FIRST	MIDDLE	15. MOTHER'S MAIDEN NA	WE	LAST			
8.8		mil Wester			Thompson			
160	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!		ADDRESS				
	Yes, no or unknown) (IF YES, GIV	I 140-07-	-7256 John T. W	esterlund s	ame as above			
	CAUSE OF DEATH (Enter on	ly one cause per line far (a), (b), an	d (c),1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DE ATH WAS CAUSED BY.  IMMEDIATE CAUSE (0) & CARDIO - RES DIRATORY ARREST							
Y	DUE TO, OR AS A CONSEQUENCE OF							
-	Canadians, if any, which	( B) B)LOBAC	Aucumonia					
1	rise to immediate (o), stating the	DUE TO, OR AS A CONSEQU	ENCE OF					
	miderlying cause lost.	1 36 UGRG	ALZABIMER'S TYPE	DEMENTIA				
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 11a			
o Z								
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?			
X.E					ES NO			
3		216 TIME OF INJURY HOUR A.M. MONTH D	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS	PART 1 OR PART 2)			
4	OR CONTRIBUTING CAUSE OF DEA	un l	19					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION					
* ×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE			
		tal) attended the deceased from_	19	. to	. 19, that (I) (we) last			
			, and that in (my) (our) opinion					
	abave, (1) (we) (did) (did na 22b. SIGNATURE	t) view the bady after death.	DEGREE		2% DATE AIGNED			
4	Q. MY	Landon Cons		MEDICAL STAFF DIRECTOR PHYSICIAN	. / . /			
	THE PROPERTY OF THE PROPERTY O	recupilly 171	PHYSICIAN P	] DIRECTOR   PHYSICIAN	11/18/07			
	1 0	- //		Λ. Δ.	1.1.			
1	CROBERT H	1 WEDGEGGD N	D 3313 PAPERA		x Nagligi			
230	BURIAL, CREMATION, REMOVAL	236. DATE 23( I	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE			

DHMH - 16 60M 7/84 (VRA 15, 4)

Gladden Kurtz

24 FUNERAL DIRECTOR

Jarrettsville, Md.

Lake View Cem.

/1987

MATORY 234 LOCATION CITY OF JOHN COUNTY STATE

M. New Canaan County Conn

256. DATE REC'D, BY REGISTRAR 258 REGISTRAR'S SIGNATURE

NOV 2 3 1987

Conn.

Alliam Rossering - Major 17, 1:37 8:30 F.

. How Candour on Arti. 1, 1895 Fr.

Hew York W.S.A. Let a Herican

Jarrentsville Madenna-Haritans of Lavar and

Sini Sari and Martora Mall a reast accord ordered Ho.

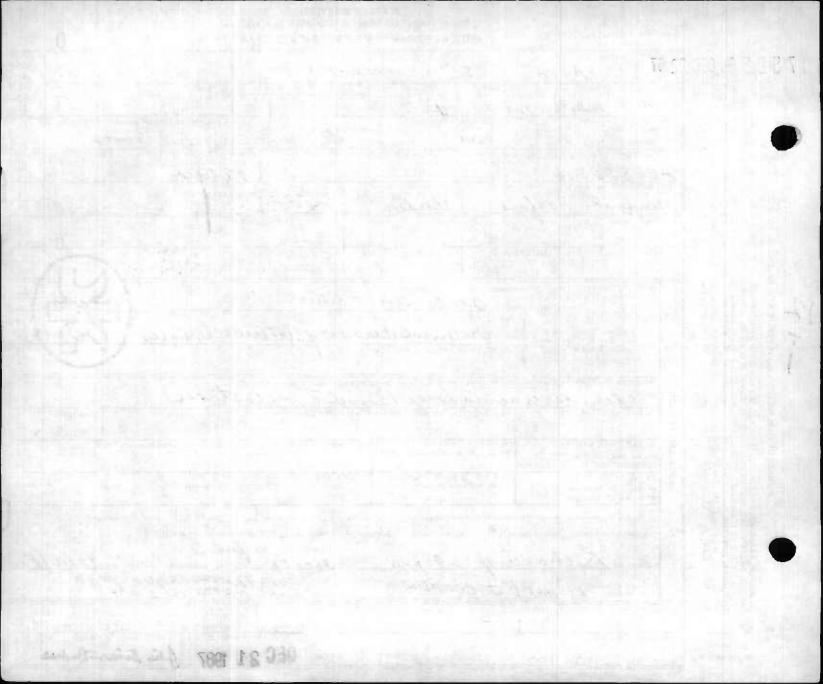
Jan Sari Basteriana Sar Tompuna

198 Fill Basteriana Sar Tompuna

198 Fill Lit-07-7255 John T. Westeriand. Base on above

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STATE OF MARYLAND

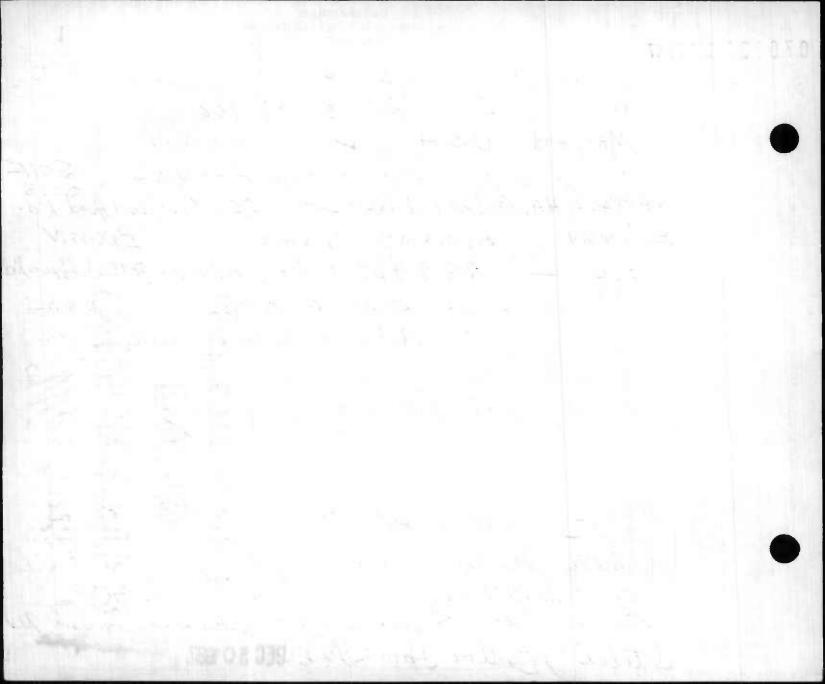


FOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNAR



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

retained by the haspital or ottending physician.

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT

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Н	- 23	1		1)	-7	1	35
		6	DEC	NIO			

2

5	DEC 10	67	FOR STATE REGISTRAR		TOF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. N	5 9 2	2.
rr. page 3 fter death			CEASED NAME FIRST RUHA	HOMOGS S.	DATE OF BIRTH MONTH DAY JEAR	20 DATE OF DEATH  6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR  12-6-87  RIHDAY)   IF UNDER 1 YEAR  MONTHS   DAYS	PUNDER 24 HRS
the funeral director	164 C	No	ebras Ka		MARRIED NEVER MARRIED NOORCED NOORCED NOORCED NOORCED	9 BALTIMORE CITY C		MD.
d completely filled in by	icol exominer must be m	130. M. F.	STATE  AND  CO  ATHERS NAME  FIRST  MI  FIRST  WAS DECEASED EVER IN U.S. ARM	THE INSTITUTION, GIVE RESIDENCE BEFORE AD  TISK CITY OR TOWN  RISLYNG  DOLE  STEVEN	13d INSIDE CITY LIMITS? YES NO X  15. MOTHER'S MAIDEN NAM FIRST	130. STREET ADDRESS	rkley RD HeAT	21911 Tow RD
by the ottending physician or	emotion, or removal. ner troumotic event, the med		NO	one cause per line for (a), (b), and (c) BY:  CAUSE (a).  DUE TO, OR AS A CONSEQUENCE	sentine heart	Jailma	BETWEEN	UMD  MATE INTERVAL  CHASE AND DEATH  MATTER  M
hos been signed I	ene prior to buriol ows ony injury, or	TIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED	200 AUTOPSY? YES NO X	20b. IF YES, WERE FINDING CAUSES  YES   20b.	NGS USED
er this certificate	and Mentol Hygured or Item 18 sh	MEDICAL CERTIF	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 710. IN JURY OCCURRED WHITE NOT WHITE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA	19 211 LOCATION	RED (ENTER NATURE OF INJU CITY OR TO		STATE
DIRECTOR: After	Its State Dept of Health		270. I certify that (I) (this haspito sow the deceased alive an above. (I) (we) (did) (did nat) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (IVPE OR)	view the body after death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS		ate and hour and from the	
16 50 RA 15,	M 1/B1	1	BURIAL, CREMATION, REMOVAL  (PREST)  OUNERAL DIRECTOR  NAME  TO ARO FUE  TO AR	236. DATE 236. NA 12-9-87 EL Jeral Home	ME OF CEMETERY OR CREMATORY	Tiga LOCATION RILLY OR TOWN LS JANA E REC'D BY REGISTRAF	Succountry Co.	STATE D

FOR

Miller 706 Owl Ct., 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 230 BURIAL, CREMATION, REMOVAL 23b. DATE Rolling Green Mem Twp, Cumber 12-2-87 Burial Park 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 1bert W. Parthemore F. Home Inc. 03 Bridge St., New Cumberland, PA 17070 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

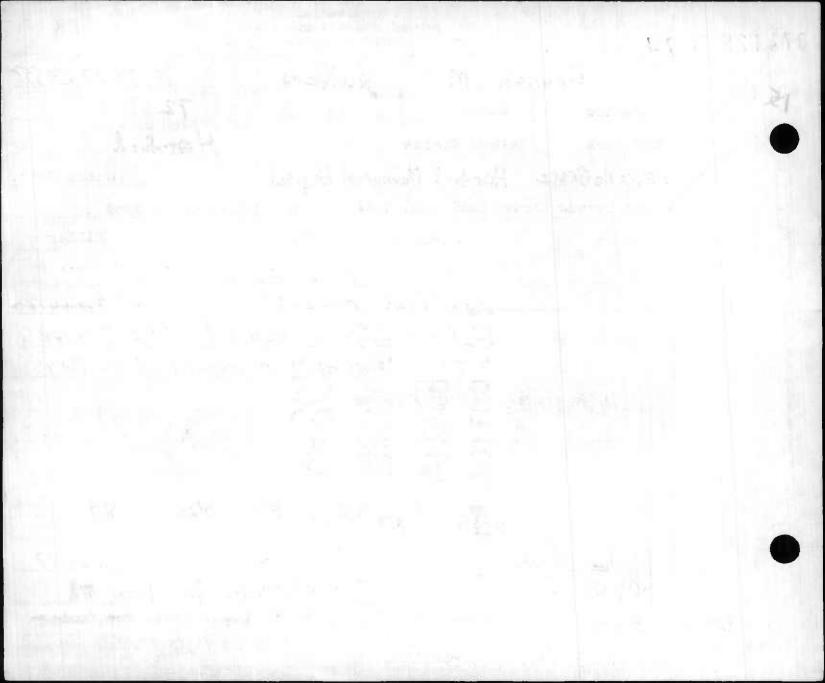
YEAR

INDUSTRY

26 HOUR

12h, KIND OF BUSINESS OR

State Govt.



of director, page 3 7 hours after death

falled in by the

TO FUNERAL DIRECTOR. After this certificate has been signed by the altending physician and c should be detached for use as the buriol-transit permit. Then please remave carbonpopers-Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remayal.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

١,	FOR	DEPARTMENT	OF HEALTH AND MENTAL HYG	IENE -	502A				
Pa	STATE EGISTRAR	CE	RTIFICATE OF DEATH	REG. NO.	-06 80				
	ECEASED NAME SARST	Christina W.	'Young	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
(141	PE OR PRINT)	154NA YOU	NO	12 218	7 519 M				
3. SI	EX	4. RACE 5. D	ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
	Female	White	MONTH DAY YEAR 14.	/ 13 YRS	MONTHS DATS HOURS MIN.				
70 E	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH				
N	Taryland		DOWED DIVORCED	HARFOR	COUNTY, MD.				
10. 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		126 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR INDUSTRY				
	-AIBTON.	F64 Fallst							
13a	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU		13d INSIDE CITY LIMITS?  YES NO	13. STREET ADDRESS / ZIP COD 472 Winterber	Dr. 21040				
14, F	ATHER'S NAME	Edgewood Edgewood	15. MOTHER'S MAIDEN NA	ME	IAST				
	Robert		Gr. Concetta		Baumgarten				
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS 47	2 Winterberry				
1	Mo	None	Robert L. Y	oung, Sr. Ed	gewood, Md.				
Г	18 CAUSE OF DEATH (Enter or	nly one cause per line lar (a), (b), and (c)	1 +		BETWEEN ONSET AND DEATH				
	PART 1. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) CANCLOVAS	cular arres						
П	- SON 5-	DUE TO, OR AS A CONSEQUENCE	OF 10 1						
	Conditions, if ony, which gove rise to immediate								
	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DI 1								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To								
N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GI	VEN IN PART 110				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?				
E	The Property of the Party of th			YES NO Y	ES NO				
/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THE PARTY OF THE P	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)				
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19						
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM E	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
1	MHILE NOT WHILE								
		mat) attended the deceased from	19 8	7, 10 Cocontex	19, that (II <del>(we)</del> last				
	saw the deceased alive or above, (I) (wet (did) (did w	wiew the body after death.	, and that in (my) ( <del>cm)</del> apinion	death accurred on the date and had	ur and from the causes stated				
	226. SIGNATURE	00100	DEGREE	MEDICAL STAFF	224 DATE SIGNED				
	000	rala Smill 1	M.D. ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	122187				
	22d. PHYSICIAN'S NAME ITYPE	pald Small	600 H. WOLF	ost Baltind.	Pkins Hospital				
23a	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE				
	Burial	Dec.23,1987 Ce	dar Hill Cem.	Brooklyn ,	AA Co. Md.				
	FUNERAL DIRECTOR	ADDRESS	250. DAT	E REC'D. BY REGISTRAR 256 PEGIS	TRAR'S SIGNATURE				
IAI	Courty Funers	al Home of Brook	l vn	6 24 98/ 8					



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

nerol director, page 3 72 nours after death

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEPTIFICATE OF DEATH

. 2	ghath	0	43	-
REG. NO	2	7	die	Page

	0.7	REGISTRAR				CLKIII	ICAIL OF D	LATII	REG. 1	10:4	7 100	
14	I DECEASED NAME			Lu	MIDDLE	-	AST COMMAND	2	20 DATE OF DEATH		Y YEAR	26 HOUR 10
			712	0 10	Edward	_	-5 BY			141	481	10 Am
	3. SEX	W		1. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST B		UNDER 1 YEAR	HOURS MIN.
			le	Caucas		Apr		1916	71	YRS.		
-		RTHPLACE   STATE O	REFOREIGN	b CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER A	ARRIED -	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
		Maryland		U.S.		WIDOWE		ORCED	HARRE	RP (	DUNT	Y MD
	10 CI	TY OR TOWN OF DI	EATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INST	ITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOST		126 KIND OP INDUSTRY	BUSINESS OR
	77	MLLSTON		TALLS	TON GEN	EBOL	HOSP	MAL	Tool and	Dye Mak	er-Chr	ysler
Jacob I	USU A 13a. S	AL RESIDENCE (IF NO	13b COUN	OTHER INSTITUTION, TY	13c. CITY OR TOV	E ADMISSION)	1 13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
)	-	ryland	Harf	ord	Bel Ai	r	YES 🗌		130 E. Lyn	brook P	lace	21014
7	14. FA	THER'S NAME	A	NIDDLE	LAST			MAIDEN NAM	NE MIDDLE		LAST	
1		Albert	Ε.	Zepp	Sr.			Barba			lein	
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	JRITY NO.			Pauline 20			
-	-	No			217-09-	3094A	1306	E. Lynb	rook Place	Bel A		
		18. CAUSE OF DEA	TH (Enter onl	y one couse per	( 100	1 1 1 1	- 1	1 220	7		BETWEEN O	MATE INTERVAL MSET AND DEATH
-		PARTI. DEATH		CAUSE (o)		94 Cr	90 1	1110	51			
		DUE TO, OR AS A CONSEQUENCE OF										
М		Conditions, if any, which (16) Hemorrhem (10)										
		gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF JOYNY PRINTY OF THE COURSE										
		(5) 141522116 102101101 11. 4(1.1015000 T 1031,40)										
	z	PART 2 OTHER SIG	GNIFICANT	ONDITIONS CO	Cu.	. 4	NOT RELATED	9	MAL DISENSE OR CO	HONTION GIVEN	IN PART TO	
	ATIO	190. DATE OF OPER	ATION	100 FOND	TION FOR WHICH		N WAS DEDECT	terios	20s AUTOPSY?	20h IE YES I	WERE FINDING	27Y
1	CERTIFICATION	12/14/	17	M	4/1724	Pala	CTRI	20 mon			NG CAUSES	OF DEATH?
	ERT	21a. ACCIDENT WAS U	NDERLYING	21b. TIME O	FINJURY	10	21c HOW IN	JURY OCCURR	YES NOL			NO 🗌
P)		OR CONTRIBUTING	CAUSE OF DEA	n	M. MONTH D				, , , , , , , , , , , , , , , , , , , ,			
	MEDICAL	(IF EITHER NOTIFY ME	_	P. 21e PLACE		19	21f LOCATIO	N				
	ME	WHILE NOT	WHILE		REET, FACTORY, OFFICE	FARM, ETC )	STREET		CITY OR 1	OWN	COUNTY	STATE
		220.1 certify that (		nl) attended th	e Hécensed from	12	1418	10	17	1119	( )	hot (li_(we) lost
		sow the deced	sed alive on.	1-11	T. 19_	87,00	nd that in (my)	(our) opinion d	eath occurred on the	date and hour c		
		17h SIGNATURE	(did) (did not	wew the kody	offer death.		DEGREE				274. DATE S	IGNED/ / 05
		WWW. K Gmos					ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					114/8 1
1		22d PHYSIC AN'S	VAME (TYPE OF	PPKT) V	6	22e. ADDRESS			1. V. V	1151	11+	Variation
		V	11191	NK	4 Mo	27	123	03 12	MENA	ed 100	112100	, WAITIOF
		SPECIFY)	N, REMOVAL	23b DATE			EMETERY OR C		23d. LOCATION CITY OR TOWN		COUNTY	STATE
		Burial		12/16/			Presby		Granite	Balti		MD.
								nc 250. DATE	REC'D. BY REGISTRA	R 255 REGISTRA	IR'S SIGNATI.	IRE
	27	128 Tibort	T Pond	Panda	11ctorm	MD	21133	UEU	I D TYK	Mendon		· ·